



Augustana Care Volunteer Application Form

Personal Information

Name:

Street Address:

City/State/Zip:

Phone (H):

(W):

(C):

Email:

Preferred method of contact:

Church Affiliation (optional):

Birthdate:

Emergency Contact Name & Phone:

Interests, skills, experience

Why are you interested in being a volunteer?

Job(s) interested in:

Describe your knowledge, abilities and skills and those you want to develop:

Occupation (former or present):

If a student, school attending:

Education and/or special training and certifications:

Languages spoken (other than English):

Do you have previous volunteer experience? If so, what?

Do you have experience working with seniors? If so, what?

Are you comfortable with lower functioning residents, including those with memory impairment?

Yes

No

Interest Checklist			
What I like to do	A lot	A little	Not at all
Leading small groups			
Assisting with large groups, including parties, activities and special events			
Organizing programs/events			
Typing/Computer/Newsletter			
Fundraising			
Auxiliary/Board			
Visiting with individuals			

Interest Checklist			
What I like to do	A lot	A little	Not at all
Taking residents for walks, rides, coffee			
Playing cards/games			
Providing instrumental or vocal talent			
Surveying residents			
Staffing a shop (using a register, customer service)			
Sharing a hobby			
Assisting residents with craft projects			
Assisting seniors with daily tasks			
Assisting with outings			
Making/selling popcorn			
Taking residents to church in-house			
Transporting residents to in-house appointments			
Distributing hospitality cart			
Helping prepare/decorate for special days (Christmas, Halloween, etc.)			
Taking initiative to start new projects			
Other:			

Additional Information

Do you have any physical limitations or are you under any treatment which might limit your ability to perform certain types of work?

Yes

No

If yes, please explain:

Is this volunteer experience for service hours?

Yes

of hours

No

For what organization?

Times Available (check all that apply)							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

What length of time are you willing to commit to volunteering?

hours/week

3 months

1 year

hours/month

6 months

Other (describe):

References

Please provide two non-family references that we may contact.

Name:

Relation to you:

Address/City/State/Zip:

Daytime phone:

Name:

Relation to you:

Address/City/State/Zip:

Daytime phone:

How did you hear about us?

Augustana Care volunteers/employees

Friend/ Relative

Augustana Care Website

Other Internet site/name:

Church/Church Name/Affiliation:

Newspaper/phone book

Other:

Confidentiality

As an Augustana Care volunteer, I the undersigned, recognize that any information and documents I review in the course of meeting my volunteer responsibilities are to remain in the strictest confidence. No information may be released or discussed except as is necessary for fulfillment of my volunteer responsibilities. Sharing of information, documents, and/or photos requires signed releases for approval of Augustana Care. Failure to comply with the Confidentiality Agreement will result in immediate termination.

Certification

I agree to adhere to the confidentiality policies of Augustana Care, and I declare my answers to the questions of this application are true. I give Augustana Care permission to check my references and information provided. I understand that I may need to complete a background check, which could include fingerprinting, prior to volunteering at Augustana Care.

As applicable, volunteers will receive a Mantoux to test for Tuberculosis. If follow up is needed, volunteers are responsible for any additional costs incurred.

I agree

Volunteer name _____ Date _____

I agree

Parent/guardian name _____ Date _____
(for volunteers under age 18)

Date Received/Processed : _____