



Augustana Care

fostering fullness of life

Augustana Care Volunteer Application Form

Personal Information

Name _____

Street Address _____ City/State/Zip _____

Phone (H) _____ (W) _____ (C) _____

Email _____ Preferred method of contact _____

Church Affiliation (Opt) _____ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting with large groups, including parties, activities and special events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizing programs/events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing/Computer/Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auxiliary/Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting with individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking residents for walks, rides, coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing cards/games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing instrumental or vocal talent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveying residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing a shop (using a register, customer service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing a hobby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting residents with craft projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting seniors with daily tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting with outings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making/selling popcorn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking residents to church in-house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transporting residents to in-house appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distributing hospitality cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping prepare/decorate for special days (Christmas, Halloween, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking initiative to start new projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Volunteer signature _____ Date _____

Parent/guardian signature for volunteers under age 18
_____ Date _____

Date Received/Processed : _____