

JOHNSON MEMORIAL HEALTH SERVICES
VOLUNTEER APPLICATION FORM

Name: _____ Today's Date: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

E-mail address: _____ Work Phone: _____

Birth Date: _____

Present Employer (if employed) _____ Phone: _____

Job Title: _____ Location: _____

Former Occupations(s), if retired: _____

Person to notify in case of emergency:

Name: _____ Relationship: _____

Address: _____ Day-Time Phone: _____

Other emergency information: _____

ADDITIONAL INFORMATION:

Which of the following volunteer activities interest you?

Thrift Shop: Sorting _____ Cashier _____ Both _____

Meals on Wheels (Monday – Friday) Any day _____ Specific days _____

Resident Escort (to Dentist or Vision appointments) _____

Resident Activities Bingo _____ Water plants _____ Gardening _____

 Assist with Resident outings _____ General Resident Activities _____

Help at JM functions: (dinners, flu shot clinics, etc) _____ Does not matter _____

Other: _____

What days and times are you available to volunteer?

Any _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Please list any special skills, hobbies, and interests that could help in matching you with residents/activities?

Do you presently serve as a volunteer? If so, please list the name of the organization, activity and schedule.

What previous experience/training do you have with senior citizens?

How did you find out about our volunteer program?

☐ Brochure ☐ Poster ☐ Newsletter ☐ Church/Church bulletin
☐ Newspaper ☐ Word of mouth
☐ Other _____

Do you have any physical or health limitations which will require considerations or special assignments? Yes ☐ No ☐ Could you lift a wheel chair? Yes ☐ No ☐

Please list two references:

Name _____ Relationship: _____

Address: _____ Day-Time Phone: _____

Name _____ Relationship: _____

Address: _____ Day-Time Phone: _____

I give permission for Johnson Memorial Health Services to check the references listed above.

Signature: _____ Date: _____

Optional: Other information you care to add...such as other languages, other skills, etc. _____

Thank you for taking time to complete this information. Please return the completed form to:

**Volunteer Coordinator
Johnson Memorial Health Services
1282 Walnut Street
Dawson, MN 56232**

Call the Volunteer Coordinator if you have any questions: 320-312-2124

FOR OFFICE USE

Date interviewed: _____ References checked: _____

Forms signed: Confidentiality _____ Other: _____