

JOHNSON MEMORIAL HEALTH SERVICES
VOLUNTEER APPLICATION FORM

Name: _____ **Today's Date:** _____

Address: _____ **Home Phone:** _____

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

Work Phone: _____

E-mail address: _____ **Birth Date** _____

Present Employer (if employed) _____ **Phone:** _____

Job Title: _____ **Location:** _____

Former Occupations(s), if retired: _____

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: _____

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?

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

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

ADDITIONAL INFORMATION:

Please Check all areas that you are interested in volunteering your time and talent (you do not have to be good at these tasks...just interested!!!!) There is space below or on the back to add any new ideas too!!

Gardening:

- Flowers Vegetables Water Pots Make Arrangements
- Garden Club
- Other (list): _____

Residents – assist with:

- Read to/write cards etc One on One with residents/tenants Help with Bingo
- Bus Outings Escort to Vision/Dental Appointments Special gatherings/parties
- Arts/crafts projects Special Meals Men’s Monday Morning Coffee club
- Miscellaneous tasks Other (list): _____

Cards:

- Cribbage Buck Euchre Bridge 500 Rummy Whist
- Other (list) _____

Other:

- Meals on Wheels Pet Therapy Tend Café Greet/direct visitors
- Flu shot Clinic Fundraiser events
- Other (list): _____

What days and times are you available to volunteer?

Any Mon Tues Wed Thurs Fri Sat Sun

How did you find out about our volunteer program?

- Brochure Poster Newsletter Church/Church bulletin
- Newspaper Website Word of Mouth Friend
- Other _____

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

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

Volunteers
Johnson Memorial Health Services
1282 Walnut Street
Dawson, MN 56232
Call JMHS if you have any questions call Gail Schlimme 320-312-2115

Mail, drop off, or email application. To email the application you must first save it to your computer.