

Southwest Regional Rehabilitation Center

VOLUNTEER APPLICATION

Today's Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Phone Number _____

EDUCATIONAL BACKGROUND

Please CIRCLE the highest level completed

Grade School: 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

High School: _____ College: _____

Degree (Type) _____

SKILLS AND INTEREST

Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Assist with patient care/meals | <input type="checkbox"/> Greeter at information desk |
| <input type="checkbox"/> Read to patients | <input type="checkbox"/> Assist with mailings |
| <input type="checkbox"/> Visit with patients | <input type="checkbox"/> Clerical/Filing |
| <input type="checkbox"/> Assist patients with activities
(games, puzzles, etc.) | <input type="checkbox"/> Take patients for walk/outside |
| <input type="checkbox"/> Play the piano during lunch or dinner | <input type="checkbox"/> Make popcorn in the afternoons |
| | <input type="checkbox"/> Deliver mail/flowers |
| | <input type="checkbox"/> Gift Cart |

Other skills and interests _____

VOLUNTEERING TIMES

Days and Times available:

Have you ever volunteered before? Yes No

Location _____ Years of service there _____

Type of volunteer activities _____
