

# 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 patients with meals, visit and/or read to patients                              | <input type="checkbox"/> Assist nursing unit with inventory and other projects as directed             |
| <input type="checkbox"/> Deliver mail/ flowers to patients  | <input type="checkbox"/> Assist with Center mailings/ clerical projects                                |
| <input type="checkbox"/> Assist patients with recreational activities (games, puzzles, etc.)                    | <input type="checkbox"/> Observe Therapy sessions and assists Therapist(s) as directed and appropriate |
| <input type="checkbox"/> Answer incoming telephonic calls, greet and direct patients and visitors to the Center | <input type="checkbox"/> Take patients for walks on Center grounds                                     |
| <input type="checkbox"/> Share individual talents with patients/ Center   | <input type="checkbox"/> Transport patients to/ from therapy   |
|   | <input type="checkbox"/> Accompany van drivers to assist with patient transports to/ from Center       |

Other skills and interests \_\_\_\_\_  
\_\_\_\_\_

### VOLUNTEERING TIMES

Days and Times available:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered before?  Yes  No

Location \_\_\_\_\_ Years of service there \_\_\_\_\_



