

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 and/or therapy with inventory and other projects as directed |
| <input type="checkbox"/> Deliver mail/ flowers, read to patients | <input type="checkbox"/> Assist Center with clerical projects |
| <input type="checkbox"/> Assist patients with recreational activities (games, puzzles, etc.) | <input type="checkbox"/> Observe Therapy sessions and assist Therapist(s) as directed and appropriate |
| <input type="checkbox"/> Provide lobby hospitality services, greet and direct patients and visitors entering Center | <input type="checkbox"/> Take patients for walks on Center grounds |
| <input type="checkbox"/> Share individual talents with patients/ Center | <input type="checkbox"/> Assist with transporting patients to/ from therapy Gyms |

Other skills and interests _____

VOLUNTEERING TIMES

Days and Times available:

Have you ever volunteered before? Yes No

Location _____ Years of service there _____

EMPLOYMENT HISTORY

Occupation	Retired: ___ Yes ___ No
Employer	Position & Duties
Name & Address	
Name & Address	
Name & Address	

Have you been convicted of a felony or any crime of dishonesty or theft? ___ **Yes** ___ **No**
If so, for what, when and where? Use blank space below for details.

REFERENCES

Please list three personal references that are not related to you.

Name	Address	Phone
1.		
2.		
3.		

This institution does not discriminate in any decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to ability to perform volunteer work. No information on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. If I am a successful volunteer applicant and are offered a position, the offer will be conditional on me successfully passing an appropriate drug screen.

Should I require handicap accommodation, it is my responsibility to request in writing within 182 days after I know or reasonably know it is required.

Name (Please Print)

Signature

Date

NOTIFY INCASE OF EMERGENCY

Name: _____ Phone: _____

Address: _____

Interview Notes
