Edenwald Volunteer Application Form



Name:	_	
First	Middle	Last
Preferred Name:	Birthdate:	
Address:	City:	State:
Home Phone #	Cell Phone:	
Email:		
Preferred method of contact (hom	ne phone, cell phone, email):	
How did you hear about voluntee	er opportunities here?	
Why do you want to volunteer at	Edenwald:	
List any special interests or hobbi	ies:	
Do you belong to any clubs or org	ganizations? If so, list and describ	be your involvement:
List any languages that you speak	x:	
EMERGENCY CONTACT	<u>r</u>	
Please list at least one person to b		
Name	Relationship to you: _	
Best way to contact them:		
Name	Relationship to you: _	
Best way to contact them:		

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REFERENCES

Please list two people who know you well and can attest to your character, skills, and dependability.

Name:	Relationship to you:	
Length of relationship	Phone number:	
Name:	Relationship to you:	
Length of relationship	Phone number:	
VERIFICATION OF INFORMATION		
Please read the following carefully before initialing I certify that I have and will provide information the application for a volunteer position and in interview knowledge.		
	this application is true and complete. I agree to have information or omissions may disqualify me from discovered later.	
I agree to sign permission to authorize a cri	minal background investigation (Age 18 or older only).	
I understand that I will be given orientation begin my service as a volunteer.	and necessary training related to my duties once I	
I understand that the service I will provide i	s voluntary in nature and will not be compensated.	
I understand that volunteering is no guarant	ee of employment.	
I have read and understand, and by my signature, c	consent to these statements.	
Signature:	Date:	
Ear Vary Information.		

For Your Information:

The following information is required by Human Resources prior to beginning your volunteer orientation.

- ✓ Flu shot from October through March
- ✓ Most recent Covid Vaccine (became available in October 2023)
- ✓ PPD this will be done in our Medical Suite
- ✓ Immunization records for MMR, Varicella, Hep B, TDAP
- ✓ Drug Screen
- ✓ Background check will be conducted (age 18 +).

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Please review and bring this page with you at your interview.

VOLUNTEER PREFERENCES:

2:00 p	m 1:15 – 5:00 pm 6:00 -	- 8:0	0 pm
ity: 🗆	Daily ☐ Weekly ☐ Monthly		
Tuesda	y Wednesday Thursday	Frid	ay □Saturday □Sunday
:	□am □pm to:	□an	n □pm
o begir	n volunteer service:		
•			
	lividual residents Gro	up a	ctivities Both
		•	
~	,	~	
	Exercises		Sing along
	Gardening		Special events
	Men's or Women's group		Talking to groups
	One-to-one games		Transporter, activities
	Painting fingernails		Weekend activities
	Parties		Writing/reading letters
	Putting up calendars		Play instrument
	Reading books/magazines		Reminisce
	Serving refreshments assist		Walks
	Other:		Other:
~~~	~~~~~~~~~~~	~~~	~~~~~~~
rview	process:		
	ity:  Tuesda  o begin  ons:  Inc  vities b	ity: Daily Weekly Monthly Tuesday Wednesday Thursday  am pm to  o begin volunteer service:  ons:  Individual residents Growities by checking the corresponding  Exercises Gardening Men's or Women's group One-to-one games Painting fingernails Parties Putting up calendars Reading books/magazines Serving refreshments assist	Tuesday   Wednesday   Thursday   Frid