

## Volunteer Application

Name: \_\_\_\_\_  
First MI Last

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home phone work phone cell phone

**Mailing Address:** \_\_\_\_\_  
No. & street or PO box City State zip

**Home Address:** \_\_\_\_\_  
No. & street or PO box City State zip

**Email Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

List any languages, other than English that you speak fluently:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check the Life Enrichment activity in which you would like to be involved.

<input type="checkbox"/> Arts/Craft	<input type="checkbox"/> Health topics	<input type="checkbox"/> Sewing
<input type="checkbox"/> Computers	<input type="checkbox"/> Intergenerational	<input type="checkbox"/> Shopping
<input type="checkbox"/> Cooking/Baking	<input type="checkbox"/> Music	<input type="checkbox"/> Sports
<input type="checkbox"/> Current events	<input type="checkbox"/> Office work	<input type="checkbox"/> Tai Chi/ Yoga
<input type="checkbox"/> Dancing	<input type="checkbox"/> Outings	<input type="checkbox"/> Theater
<input type="checkbox"/> Discussion groups	<input type="checkbox"/> Parties	<input type="checkbox"/> Writing
<input type="checkbox"/> Exercise	<input type="checkbox"/> Reading	<input type="checkbox"/> Religion
<input type="checkbox"/> Games	<input type="checkbox"/> Gardening	<input type="checkbox"/> Reminiscing
<input type="checkbox"/> Be a Friend	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mommy & Me	<input type="checkbox"/>	<input type="checkbox"/>

With which population would you be most interested in working?

Assisted Living Residents                       Alzheimer's Dementia Residents

How did you hear about this volunteer Opportunity:  Family member  School

Advertisement               Other \_\_\_\_\_

(page 1 of 2 volunteer application)

**Days and Times Available**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref	<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref	<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref	<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref	<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref	<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref	<input type="checkbox"/> not avail <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No pref

Do you need any accommodations to perform volunteer services?  Yes  No  
 If yes, please describe: \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 (a conviction may not necessarily disqualify an applicant)

Personal References: Three references are required. References should not be a relative, or live within your household, and should know you fairly well (at least 6 months). We will be contacting your references, so please let them know we will be calling.

**Reference #1**

**Reference # 2**

Name:	Name:
Address:	Address:
Length of time known:	Length of time known:
Phone:	Phone:

**Reference #3**

Name:
Address:
Length of time known:
Phone:

I certify that all statements contained herein are true and complete to the best of my knowledge:

Signature: \_\_\_\_\_ date: \_\_\_\_\_

# Volunteer Recommendation Letters

Please have three people (teachers, friends, coworkers) write a short recommendation letter 1-2 sentences. Sign and date each letter and bring it to Life Enrichment Director at Flower Mound Assisted Living.

## Recommendation 1

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

## Recommendation 2

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

## Recommendation 3

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_