



Greek American Rehabilitation
& Care Centre

VOLUNTEER APPLICATION

Date of Application ___/___/___

Name _____ <i>(Last)</i> <i>(First)</i> <i>(M.I.)</i>	Date of Birth _____
Address _____ <i>(Street)</i> <i>(City)</i> <i>(State)</i> <i>(Zip)</i>	
Home Phone (____) _____	Mobile Phone (____) _____
Email _____	
Are You Currently Enrolled In School? <input type="checkbox"/> Y <input type="checkbox"/> N If so, which one? _____	
Grade in school (list the grade you will have completed at close of current school year) _____	

Name of Parent(s) or legal guardian: _____

Home Phone (____) _____ Work Phone (____) _____

Alternate Emergency contact if person listed above is not available: _____

Home Phone (____) _____ Work Phone (____) _____

Family Physician _____ Office Phone (____) _____

Do you have any allergies or medications that you take on a regular basis? Y N

If so, please list: _____

Do you have any health limitations? Y N If yes, please describe: _____

How did you become aware of our volunteer program? _____

What do you hope to gain from your volunteer experience? _____

Previous Volunteer Experience: _____

Please list any clubs, sports, music in which you participate: _____

<<Please complete back portion>>



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AVAILABILITY

► Please mark off which days you are available and list the time.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Do you have any relatives in this nursing facility? Y N

Will your volunteer hours be used to complete a requirement for school, work, etc? Y N
If yes, please explain: _____ And how many hours? _____

Do you play any musical instruments? Y N

Do you have any special talents you wish to share with the Residents? (hobbies, second language, craft ideas, etc.) Y N
If so, please list: _____

In In chronological order, please indicate which areas you would prefer to volunteer in:

___ Life Enrichment/Activities

___ Memory Care Unit

___ Clerical Support

___ Therapy

___ Gift Shop

___ I do not have a preference. I am willing to help in any area where help is necessary.

If selected to participate in our volunteer program, do you agree to abide by the rules and regulations established by this facility? Y N

Signature: _____

Date: _____