

# Providence Health Care Volunteer Application

Thank you for your interest in Providence Health Care's Volunteer Program! Most of our volunteers work directly with our Activity Staff and Residents. There are occasionally other opportunities available. Please complete this application and return it to Leah Sparks, Activity Director. Providence Health Care will contact you once your application has been processed.

Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Past Volunteer Experience: \_\_\_\_\_

Past Experience with the Elderly: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## References

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Are you volunteering to complete Community Service Hours?  Yes  No

For what purpose are you required to perform Community Service?

\*Court mandated Community Service positions are not available

School  Service Club  Other \_\_\_\_\_

Please check the volunteer opportunities you may be interested in:

Arts and Crafts     Religious     Games     Manicures     Trivia  
 Sing Along     Fitness     Reading     Letter Writing     Music  
 Parties     Games     Friendly Visits     Board Games     Puzzles

## Availability

How frequently are  
You planning to volunteer?

- One Time  
 Daily  
 Several Times per Week  
 Once per Week  
 Several Times per Month  
 Once per Month

	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Applicant Signature: \_\_\_\_\_