

Volunteer Form

Student Name:	Current School:	Grade Level:
Contact Information:		
Phone #:		
Email Address:	Comfort Level Assessment (check mark if comfortable)	
Copy of Driver's License:	Assisting in Feeding Pts	Working with Alzheimer's Pts
	Filing Paperwork	Working with Mentally III Pts
List of past volunteer	Passing out meals,	Working with patients who do not speak
opportunities:	drinks	English
List Talents, Interests, Hobbies,		
etc.	Speaker in the front	Working with Hard of Hearing Pts
		Working with Developmentally Challenged
	Answering telephones	Pts
	Talking with Patients	Working on the Computer
	Playing Games with	
	Patients	Develop Worksheets
	Singing	Assist Staff Member such as RN, SW, Act
	Dancing	Kitchen WorkCleaning, Organizing
	Facilitating with Games	Organizing Documentation
Dates/Duration of Volunteer	Going on walks with	
Services:	Patients	
	Notes:	
Mandatory		
TB Clearance:		
Elderly Abuse In-Service:		
Home Ave Orientation:		