

VOLUNTEER APPLICATION



NAME _____

ADDRESS _____ CITY/ST _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

HAVE YOU BEEN A RESIDENT OF OHIO FOR THE LAST 5 YEARS? No ___ Yes ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No ___ Yes ___

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN ACCUSED OR CONVICTED OF SEXUAL ABUSE OR MOLESTATION? No ___ Yes ___

IF YES, PLEASE PROVIDE DATES AND DETAILS: _____

MILITARY

BRANCH _____ YEARS _____ TITLE _____

EMPLOYMENT

CURRENT OCCUPATION _____ PART TIME ___ FULL TIME ___

EDUCATION

HIGH SCHOOL ___ ASSOC DEGREE ___ SOME COLLEGE ___ BACHELOR'S DEGREE ___

MASTER'S DEGREE ___ OTHER _____

FIELD OF STUDY _____

CERTIFICATIONS _____

VOLUNTEER EXPERIENCE (PLEASE PROVIDE NAME OF ORGANIZATION, DESCRIPTION OF WORK AND DATES)

1. _____

2. _____

3. _____

4. _____

SPECIAL SKILLS AND/OR HOBBIES

HOW DID YOU HEAR ABOUT HOMECARE MATTERS?

BRIEFLY STATE WHY YOU WOULD LIKE TO VOLUNTEER AT HOMECARE MATTERS?

I AM INTERESTING IN THE FOLLOWING VOLUNTEER POSITIONS:

PATIENT/FAMILY CARE

- COMPANION
- RESPITE
- VIGIL
- VETERAN COMPANION

BEREAVEMENT SUPPORT

- COMPANION
- TELEPHONE CONTACT
- FOLLOW-UP VISITS
- ASSIST AT MEMORIAL SERVICES

ADMINISTRATIVE SUPPORT

- MAILINGS
- DATA ENTRY
- TELEPHONE CALLING
- FILING

SPECIALIZED VOLUNTEER

- PET THERAPY
- MUSIC THERAPY
- ART THERAPY
- MASSAGE THERAPY

SPECIAL PROJECTS

- CRAFTS
- BAKING
- HOLIDAY CARDS
- GARDENING ON HCM GROUNDS

MARKETING/FUNDRAISING

- FUNDRAISING
- MARKETING EVENT SUPPORT
- FUNNEL CAKE STAND WORKER
- FUNNEL CAKE STAND MANAGER

DO YOU HAVE FUNCTIONAL LIMITATIONS WHICH WOULD NEED TO BE CONSIDERED WHEN MAKING A PATIENT ASSIGNMENT (I.E. ALLERGIES TO ANIMALS, ETC.)?

COULD YOU COMMIT TO 2 TO 4 HOURS PER WEEK TO HOMECARE MATTERS? YES NO

SIGNATURE _____ DATE _____

PLEASE MAIL APPLICATION TO:

HomeCare Matters
ATTN: Volunteer Services
1220 N. Market St.
Galion, OH 44833

OR FAX APPLICATION TO:

(419) 468-9211



OFFICE USE ONLY:

INTERVIEW DATE: _____ TRAINING DATE: _____