

**FERNCLIFF NURSING HOME
VOLUNTEER APPLICATION**

Name _____ Birthday (Month/Day) (optional) _____

Street Address _____

City, State _____ Zip Code _____

Home Phone _____ Work Phone _____ Email _____

In Case of Emergency Notify:

Name _____ Relationship _____
Home Phone _____ Work Phone _____

In order that we may utilize any special knowledge or skills you may have, please answer the following questions:

Education and/or Training _____

Employment and/or Volunteer Experience _____

Hobbies or Avocations (musical, artistic or other) _____

Languages, other than English, spoken _____

Special Volunteer Interests:

_____ Visiting _____ Transporting _____ Out-trips _____ Gift Shop
_____ Happy Hour _____ Pastoral Care _____ Activities _____
Other _____

Hours and Days Available to Volunteer: (please circle)

Mon. a.m. Mon. p.m. Tues. a.m. Tues. p.m. Wed. a.m. Wed. p.m.
Thurs. a.m. Thurs. p.m. Fri. a.m. Fri. p.m. Sat. a.m. Sat. p.m.
Sun. a.m. Sun. p.m.

References:

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Name _____ Address _____
City _____ State _____ Zip _____ Phone _____

Volunteer Signature: _____ Date: _____