

***Volunteer Application Form***

**Personal Information**

Name:

Street Address:

City/State/Zip:

Phone (H or C): (W): Email:

Preferred method of contact: Birthdate:

Emergency Contact Name & Phone:

**Interests, Skills, Experience**

Why are you interested in being a volunteer? What motivates you to volunteer?

Job(s) interested in:

Describe your knowledge, abilities, skills and education:

Occupation (former or present):

If a student, school attending:

Languages spoken (other than English):

Do you have previous volunteer experience? If so, what?

Do you have experience working with seniors? If so, what?

Are you comfortable with lower functioning residents, including those with memory impairment?

Yes No

**Additional Information**

Do you have any physical limitations or are you under any treatment which might limit your ability to perform certain types of work?

Yes No

If yes, please explain:

Is this volunteer experience for service hours? Yes # of hours No For what organization?

What length of time are you willing to commit to volunteering?

hours/week 3 months 1 year

hours/month 6 months Other (describe):

|  |
| --- |
| **Times Available (check all that apply)** |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

What type of recognition motivates you?

 Event/party Awards

 Words of affirmation Opportunities to learn/grow

 Gift/token of appreciation Providing feedback

 Recommendation Other:

**How did you hear about us?**

Cassia volunteers/employees

Friend/Relative

Cassia Website

Other Internet site/name:

Church/Church Name/Affiliation:

Newspaper/phone book

Other:

**References**

Please provide two **non-family** references that we may contact. Name:

Relation to you: Address/City/State/Zip: Daytime phone:

Name:

Relation to you:

Address/City/State/Zip:

Daytime phone:

**Confidentiality**

As a Cassia volunteer, I the undersigned, recognize that any information and documents I review in the course of meeting my volunteer responsibilities are to remain in the strictest confidence. No information may be released or discussed except as is necessary for fulfillment of my volunteer responsibilities. Sharing of information, documents, and/or photos requires signed releases for approval of Cassia. Failure to comply with the Confidentiality Agreement will result in immediate termination.

**Certification**

I agree to adhere to the confidentiality policies of Cassia, and I declare my answers to the questions of this application are true. I give Cassia permission to check my references and information provided. I understand that I may need to complete a background check, which could include fingerprinting, prior to volunteering at Cassia.

As applicable, volunteers will receive a Mantoux to test for Tuberculosis. If follow up is needed, volunteers are responsible for any additional costs incurred.

I agree

Volunteer name Date

I agree

Parent/guardian name Date

(for volunteers under age 18)

Date Received/Processed :