



Volunteer Application

General Information

Last Name: _____ First Name: _____ M.I. _____
 Current **Local** Street Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____
 E-mail Address: _____
 Birth Day Month: _____ Day: _____

Second Address?: ___ No ___ Yes (Complete the following) From Month _____ To Month _____
 Street Address (away): _____
 City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship to You: _____
 Home Phone: (_____) _____ Cell Phone: (_____) _____
 Work Phone: (_____) _____
 How were you referred to us? _____

Education	Level Completed	Major or Degree
High school: _____	1 2 3 4	_____
College: _____	1 2 3 4	_____
Graduate: _____	1 2 3 4	_____
Graduation Date: ____/____/____	1 2 3 4	_____

Experience, Skills, Interests & Availability

Volunteer Experience _____

Hobbies/Interests: _____

Skills / abilities: (e.g. musical, performance, clerical / computer, etc.) _____

Do you speak, read, or write another language? ___ No ___ Yes If yes, what? _____

Why do you want to volunteer? _____

Pick the Day (or Days) You are Available:

Mon
 Tues
 Wed
 Thurs
 Fri
 Sat
 Sun

Pick the Time of Day That Best Works for You:

Morning
 Afternoon
 Early Evening

Select an Opportunity that Interests You (**check all that apply**)

- Art Facilitator
- Assist Residents with reading, letter writing and e-mails
- Assisting with Resident Special Events – decorating, set-up and clean-up

- Assisting with Fri Shabbat Services/Sat Torah Services
- Chaperone Resident Outings
- Clerical Assistant
- Computer Training
- Discussion Leader on current or cultural events
- Evening Activities – movies, games, discussions, parties
- Gardening – planting, watering, weeding flowers & plants
- Leading or Assisting with Activities such as Bingo, Word Games, Scrabble
- Leading or Assisting with Exercise Activities
- Organizational Projects
- Memory Care Reflections Program– read short stories, lead discussions or activities
- Performing Artist (music, dancing)
- Resident Companion – visit or read with individual residents
- Resident Escort to on-site worship or activities

Employment History or Volunteer Experience

Begin with most recent employer or placement. Include part-time employment, military service or volunteer assignments.

1. **Name of Company** _____

Phone #: _____ May we contact this employer? No Yes

Dates of employment / service: From: _____ To _____

Your Position or Title: _____ Reason for Leaving: _____

Type of Work Performed: _____

2. **Name of Company** _____

Phone #: _____ May we contact this employer? No Yes

Dates of employment / service: From: _____ To _____

Your Position or Title: _____ Reason for Leaving: _____

Type of Work Performed: _____

Names and phone numbers of three professional or personal references:

1. _____

2. _____

3. _____

I understand that if accepted as a volunteer, I:

- offer my services with a clear understanding that there will be no monetary compensation;
- agree to conform to **Aviva** policies, procedures and regulations;
- will satisfy any health screening requirements;
- will submit, if requested of me, references and/ or appropriate school documentation; and
- certify that the information contained in this application is correct, to the best of my knowledge.

_____ **Initial** – I allow **Aviva** to use any photos taken of me or testimonials given by me for promotional purposes.

Signature: _____ Date: _____