



Volunteer Application

3505 English Glen Avenue
Marion, IA 52302
(319) 373-4242
Fax: (319) 373-3013

Personal Information

Date: _____ Home Phone: _____
Name: _____ Work Phone: _____
Street Address: _____ Cell Phone: _____
City: _____ E-mail: _____
State: _____ Zip: _____ Which way do you prefer to be contacted?
Birth Date: _____ Phone (Specify: _____) E-mail

Volunteer Type

Adult Community Service
 College Student
 High School Student
 Middle School Student (Must be age 12 or older)

Are you volunteering to fulfill a community service requirement?
 No
 Yes, I need to complete _____ hours within _____ month(s).

Emergency Contact

Name: _____ Daytime Phone: _____
Relationship: _____ Evening Phone: _____

Experience

Education: _____
Work/Occupation: _____
Volunteer Experience: _____
Hobbies & Special Interests: _____

Availability

Please check all that apply:

Monday ___ AM ___ PM Friday ___ AM ___ PM
 Tuesday ___ AM ___ PM Saturday ___ AM ___ PM
 Wednesday ___ AM ___ PM Sunday ___ AM ___ PM
 Thursday ___ AM ___ PM

Are you willing to make a six month commitment?

Yes No

Schedule Comments: _____

Volunteer Interests

Please check all that apply:

| | | | |
|---|--|----------------------------|--|
| <input type="checkbox"/> Sundry Cart | <input type="checkbox"/> Field Trips/Outings | Which do you prefer to be? | |
| <input type="checkbox"/> Activities Assistant | <input type="checkbox"/> Music Therapy | | <input type="checkbox"/> Group Leader |
| <input type="checkbox"/> Games | <input type="checkbox"/> Pet Visits | | <input type="checkbox"/> Group Assistant |
| <input type="checkbox"/> Garden | <input type="checkbox"/> Arts/Crafts | | <input type="checkbox"/> Meal Service |
| <input type="checkbox"/> Specialty Parties | <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Either |

Miscellaneous Information

Do you know any volunteers at Summit Pointe?

Yes No

If yes, who? _____

Have you served as a volunteer with us before?

Yes No

If yes, when? _____

How did you learn about Summit Pointe?

Are you familiar with Alzheimer's and dementia?

Reference

Name: _____

Daytime Phone: _____

Relationship: _____

Evening Phone: _____

Additional Comments

Read Before Signing:

I understand that any offer of volunteer service is conditional upon completing and passing an acceptable reference check, criminal background check and orientation of Summit Pointe.

I authorize investigation of all statements in this application, and I understand that misinformation given on my volunteer application form and during an interview process is sufficient cause for discharge.

I understand that this information is to be kept confidential and will be used only in finding the most suitable placement for me.

I understand that I will NOT be paid for my services as a volunteer.

Applicant Signature

Date

Return completed form to the Activities Director at Summit Pointe Senior Living Community, 3505 English Glen Avenue, Marion, IA 52302