

Volunteer Application

Please fill out completely. This helps us match you with the best volunteer position possible.

Contact Information – Please mark primary contact information with *

Name	
Mailing Address	
City, State Zip	
Home Phone	
Cell Phone	
Other Phone	
E-Mail Address	
Birth Date	

Why do you wish to volunteer?

Personal Reference: _____ (_____) _____
(Non-Family) Name Phone Number Relationship

Have you ever been convicted of a crime other than a traffic violation? Yes No

Have you ever been reported to any organization, agency or registry for abuse or neglect involving children or adults? Yes No

If yes, state the offense(s), location(s), date and disposition: _____

Please list the highest education level completed _____

Availability

During which hours are you available for volunteer assignments?

	7 am–11 am	11 am – 3 pm	3 pm – 7 pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Year-round resident: Yes No If no, please list months available: _____

How did you learn of our program: _____

Interests

Tell us in which areas you are interested in volunteering

- | | | |
|---|--|--|
| <input type="checkbox"/> Administrative assistance | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Nail/Hair Care |
| <input type="checkbox"/> Art, Crafts, Sewing | <input type="checkbox"/> Games | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Construction/Maintenance | <input type="checkbox"/> Gardening/grounds | <input type="checkbox"/> Present Seminar/program |
| <input type="checkbox"/> Daily Events | <input type="checkbox"/> Grant-writing | <input type="checkbox"/> Resident Companion |
| <input type="checkbox"/> Data Entry/Computer | <input type="checkbox"/> Internet/Email Assistance | <input type="checkbox"/> Sales Clerk |
| <input type="checkbox"/> Errands/Supplies Shopping | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Shopping, Mercantile |
| <input type="checkbox"/> Event Preparation/Clean-up | <input type="checkbox"/> Large Group Activity | <input type="checkbox"/> Small Group Activity |
| <input type="checkbox"/> Field Trip Assistance | <input type="checkbox"/> Library Support | <input type="checkbox"/> Special/Holiday Events |
| <input type="checkbox"/> Fitness/Exercise/Wellness | <input type="checkbox"/> Mailing Assistance | <input type="checkbox"/> Spiritual Support |
| <input type="checkbox"/> Food Prep, Popcorn | <input type="checkbox"/> Mercantile Clerk | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Food Prep, Soft Serve | <input type="checkbox"/> Music | |

OTHER _____

Is there a specific area where you would like to volunteer? If so, where?

Occupation Status

Please check which description(s) fits your current status:

- | | | |
|---|--|-----------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time | Employer: _____ |
| <input type="checkbox"/> Student full-time | <input type="checkbox"/> Student part-time | |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Stay-at-home parent | |
| <input type="checkbox"/> Other _____ | | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Include languages spoken.

Previous Volunteer Experience

List any previous volunteer experience.

PHYSICAL/MEDICAL BACKGROUND:

Do you have any physical condition or medical problem, which may limit your ability to perform the work of a volunteer? Yes No

If "yes", please explain: _____

Are there any special accommodations you may need to volunteer here? Yes No

Have you ever been diagnosed with TB or other contagious disease? Yes No

Would you be willing to take a TB test? Yes No

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

VOLUNTEER COMMITMENT TO CONFIDENTIALTY AND SERVICE:

Believing that Aase Haugen Senior Services has a real need for my services as a volunteer,

I agree to:

- (1) Hold all information as absolutely confidential which I may obtain directly or indirectly concerning residents, tenants or personnel, and I will not seek out confidential information in regards to a resident or tenant;
- (2) Uphold the Mission, Vision and Core Values of Aase Haugen Senior Services;
- (3) Endeavor to make my work the highest quality;
- (4) Make every effort to fulfill my scheduled commitment of service;

I understand that my services are donated to Aase Haugen Senior Services without contemplation of compensation or future employment and given for humanitarian or charitable reasons.

I verify the preceding information on this application is true. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand that there are many types of volunteer opportunities with Aase Haugen Senior Services, and that I will be required to complete an orientation and additional training that service assignments will require.

I hereby give complete permission for Aase Haugen Senior Services to conduct a criminal background check, arrest records check and abuse registry check for the purposes of my volunteer services and I waive any right that I may have to inspect any information provided about me by the aforementioned persons and agencies. *Social Security Number _____

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Aase Haugen Senior Services is an equal opportunity employer and provider. Thank you for completing this application form and for your interest in volunteering with us.