

Masonicare at Newtown

Volunteer Application

Date: _____

Name: _____ Preferred Name: _____
(Last, First)

Address: _____ City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ # of hours needed: _____

Birth date: ____/____/____ **Emergency Contact:** _____
Name, Relationship Phone Number

Have you ever worked, lived with, and/or had contact with individuals with dementia? Yes No

Education

Grade: _____ College: Freshman Sophomore Junior Senior

Name of school attending: _____ Town: _____

Expected year of graduation: _____ Major: _____

Please list the times you are most available under the days you are also available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Would you like to volunteer for special events/projects? Yes No

Please list any special interests/hobbies/skills/talents:

Have you ever been arrested or convicted of assault? Yes No

Is this volunteer experience a requirement of a Court Order? Yes No # of hours needed: _____

If yes: Charge: _____ Completion date: _____

NOTE: Failure to provide this information prior to beginning your volunteer service will result in non-documentation of service!

Office Use Only

PPD _____
 Orientation _____
 Entered

Notes: