

**ROCKVILLE NURSING HOME
VOLUNTEER APPLICATION**

Thank you for your interest in Rockville Nursing Home's Volunteer Program. Most of our volunteers work directly with our residents. There are occasionally some opportunities to assist with mailings and other similar tasks.
After filling out this application, please return it to the front office.
The Volunteer Coordinator will contact you once your application has been processed.

Today's Date: _____ How did you hear about our program? _____

Contact Information

Name (please print): _____

Phone (list at least one): Home: _____ Cell/Work: _____

Address: Street _____ Apt. # _____

City _____ State _____ Zip _____

All About You

Please list your age if you are under 20 years old: _____

Special skills: (hobbies, languages, etc.) _____

Past volunteer experience: _____

Past experience with the elderly: _____

Emergency Contact

Name: _____

Relationship: _____ Phone: _____

Are you volunteering to complete Community Service Hours? Yes No

If yes, how many hours do you need, in total? _____

By what date are the hours required to be completed? _____

For what purpose are you required to perform community service?

*Court mandated community service positions are not available.

School Service Club/Organization Other: _____

Please check the volunteer opportunities you may be interested in :

Group Programs

- Arts & Crafts Parties Games
 Sing Along Religious Current Events
 Gardening Fitness Reading Groups

One to One / Small Group Interactions

- Friendly Visits Letter Writing Trivia
 Reminiscing Reading Sensory Stimulation
 Manicures Board Games

Independent

- Musical Performance Educational Talks
 Leading Resident Groups (Men's Club, Current Events, Sewing Group, etc.)
 What kind of group would you like to lead: _____

Please check off your times of availability on the chart.

How frequently are you planning to volunteer?

- Just this once
 Daily
 Several times a week
 Once a week
 Several times a month
 Once a month

	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please Sign Here: _____