

The Shook Home and the Quarters at the Shook Volunteer Application

Name:		E-mail:	
Mailing Address:	City:	State:	Zip:
Phone: Home:	Cell:	Work:	
Emergency Contact: Name:		Address:	
Telephone:		Relationship:	
Why do you want to volunteer at the Shook Home & The Quarters:			
Have you worked with older adults in the past? _____ If so, please provide details: _____			
Do you have any particular interests or hobbies that you'd like to share with our residents? _____			
Are you volunteering in connection with a particular group? _____			
If so, do you need to meet any particular requirements, such as a certain number of service hours or a particular experience? _____			
REFERENCES: Please provide contact information for three people who have known you for at least a year and could serve as character references in relation to this volunteer position.			
Reference #1: Name:			Phone:
How do you know this person?			
Reference #2: Name:			Phone:
How do you know this person?			
Reference #3: Name:			Phone:
How do you know this person?			
<p>Volunteer Agreement: By signing below, I accept a position as a volunteer for The Shook Home and The Quarters at The Shook.</p> <p>I understand that this position has no salary or other compensation. I agree to follow all facility procedures for the safety of myself and others. I understand that I may be required to complete a two-step TB test and I will consent to having a Nurse at the Shook Home administer the test.</p>			
Signature:		Date:	
If applicant in under age 18, a parent/legal guardian must sign below, consenting to all of the above details of the Volunteer Agreement.			
Signature:		Relationship:	Date:
OFFICE USE ONLY: Orientation:		Background:	