1. How did you learn about the IHM Volunteer Program?
   - [ ] IHM Volunteer  
   - [ ] IHM Staff  
   - [ ] Other ____________________________________________

2. What prompts you to want to volunteer with the IHM Volunteer Program?
   ____________________________________________________________
   ____________________________________________________________

3. Please list your skills, hobbies, talents, work experience and interests:
   ____________________________________________________________
   ____________________________________________________________

4. What days would you have available for your volunteer commitment?
   - [ ] Monday  
   - [ ] Tuesday  
   - [ ] Wednesday  
   - [ ] Thursday  
   - [ ] Friday  
   - [ ] Saturday  
   - [ ] Sunday

5. What hours would you have available for your volunteer commitment?
   Hours: ___________  
   - [ ] Morning  
   - [ ] Afternoon  
   - [ ] Evening

6. How often would you be available for your volunteer commitment?
   - [ ] Daily  
   - [ ] Weekly  
   - [ ] Monthly  
   - [ ] Special Projects/Events only  
   - [ ] Other __________________________

8. Are you volunteering to earn Community Service hours? (Students only)
   - [ ] No
   - [ ] Yes  
   _____ Total number of hours needed? ____________ Date needed by: ________________
9. Please check your volunteering preferences:

- Visit resident.
- Accompany residents for walk indoors/outdoors.
- Read to resident.
- Play scrabble, cards, board game with residents.
- Assist resident with correspondence (address Christmas cards or letters).
- Transport/accompany residents to within the house to Hair Care, Activities, etc.
- Accompany and assist resident to meals in the dining room.
- Serve Drinks for residents in dining room.
- Drive residents to and from outside appointments or shopping.
- Companion/escort residents to outside appointments.
- Assist the Activity Department.
- Assist resident(s) with plant care.
- Assist with flower beds, gardening work, pruning, weeding.
- Assist in Organic Garden.
- Work in Gift Shop.
- Hostess or Assist with Special Events.
- Assist in library (shelving, desk duty, etc.).
- Provide entertainment (musical instruments, vocals, etc.).
- Assist with sing-along.
- Computer work.
- Sewing/mending.
- Pet Visits

____________________________________________________________________________________

10. Please list any previous experience you have had volunteering: __________________________

____________________________________________________________________________________

____________________________________________________________________________________

11. Do you have any experience working with the elderly? _________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

12. Are you able to work with residents with disabilities? _________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

13. Are you physically able to push a resident in a wheelchair?  ❑ No  ❑ Yes
14. Is there anything that you feel we should know about you that would affect your volunteering experience at SSIHM?

________________________________________________________________

15. Have you ever been convicted of a misdemeanor or felony other than minor traffic violations?
Yes_____ (Please initial)           No_______ (Please initial)

________________________________________________________________

References:

Because of the nature of our facility, it is necessary for us to request two references. Please list two individuals (not family members) who know you and would support your desire to volunteer with the IHM Sisters:

1. Name ___________________________ Relationship to you __________________________
   Phone Number ____________________ Email _____________________________ ______
2. Name ___________________________ Relationship to you __________________________
   Phone Number ____________________ Email _____________________________ ______

Contact person in case of an emergency:

1. Name ___________________________ Relationship to you __________________________
   Daytime Phone ___________________ Evening Phone __________________________
2. Name ___________________________ Relationship to you __________________________
   Daytime Phone ___________________ Evening Phone __________________________

I understand that my enrollment as a volunteer is contingent upon successful completion of the volunteer process. I certify that the above information is correct.

Signature __________________________________________

Print Name__________________________________________            Date____________________

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