



## ADULT VOLUNTEER APPLICATION – Please Print

Deep Faith. Courageous Spirit. Action for Justice.

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Please circle your primary contact preference below:**

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ (Email) \_\_\_\_\_

### 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
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**10. Please list any previous experience you have had volunteering:** \_\_\_\_\_

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**11. Do you have any experience working with the elderly?** \_\_\_\_\_

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**12. Are you able to work with residents with disabilities?** \_\_\_\_\_

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**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)

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**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 \_\_\_\_\_