



JUNIOR VOLUNTEER APPLICATION

Deep Faith. Courageous Spirit. Action for Justice.

Name _____ Date of Application _____

Address _____ City _____ State _____ ZIP _____

Age _____ Birth date _____ / _____ / _____

Phone (Home) _____ (Cell) _____

Email _____ Highest Grade Completed _____

Name of school _____ School Phone Number _____

Current Employer (if employed): _____

Position _____ List work hours and days _____

School, Church, or Community Organizations memberships? _____

List current or previous volunteer experience _____

Skills, Interests, Hobbies, _____

Please list any friends/relatives that work or volunteer at IHM _____

TIMES AVAILABLE TO VOLUNTEER (to be discussed further at interview)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

CONTACT PERSON IN CASE OF EMERGENCY

1. Name _____ Relationship to you _____
Daytime Phone _____ Evening Phone _____
2. Name _____ Relationship to you _____
Daytime Phone _____ Evening Phone _____

1. How did you hear about the IHM Junior Volunteer Program?

☐ IHM Volunteer ☐ IHM Staff ☐ Other _____

2. Are you volunteering to earn Community Service hours? (Students only)

☐ No

☐ Yes _____ Total number of hours needed? _____ Date needed by: _____

3. Please specify what volunteer area(s) interest you

☐ Visit resident

☐ Accompany residents for walk indoors/outdoors

☐ Read to resident

☐ Play scrabble, cards, board game with residents

☐ Transport/accompany residents to within the house to Hair Care, Activities, etc.

☐ Serve Drinks for residents in dining room

☐ Assist the Activity Department

☐ 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

☐ Assist with sing-along

☐ Secretarial work

☐ Sewing/mending

☐ _____

4. Do you have any experience working with the elderly? _____

5. Are you able to work with residents with disabilities? _____

6. Are you physically able to push a resident in a wheelchair? ☐ No ☐ Yes

7. Is there anything that you feel we should know about you that would affect your volunteering experience at SSIHM? _____

8. 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 _____

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.

Jr. Volunteer Signature _____ Date _____

Print Name _____

I approve of my son/daughter _____ volunteering his/her time at the Sisters,
Servants of the Immaculate Heart of Mary and give my permission for SSIHM to provide a 2 step TB
Test if my son/daughter is working directly with residents.

Parent/Guardian Signature _____ Date _____

Print Name _____