



125 Scituate Avenue, Cranston RI 02921
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VOLUNTEER APPLICATION

(APPLICANT'S UNDER 18 YEARS OF AGE)

DATE: _____

(PLEASE PRINT)

NAME: _____
(LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS: _____
(#) (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE #: _____

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY PLEASE NOTIFY: _____
(Name)

(Address) (Phone)

PRIOR VOLUNTEER EXPERIENCE:

- This is my first time volunteering
- I also volunteer at _____
- I have volunteered at _____

If you have volunteer experience, is it OK for us to contact the organization you worked with?

Yes _____
(Contact Name & Phone Number)

No

PERSONAL REFERENCE (SOMEONE NOT RELATED TO YOU):

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

HOW DO YOU KNOW THEM? _____

MORE ABOUT YOU:

- ❖ WHY ARE YOU INTERESTED IN BECOMING A VOLUNTEER AT CEDAR CREST SUBACUTE & REHABILITATION CENTRE?

- ❖ DO YOU HAVE (OR HAVE YOU EVER HAD) A LOVED ONE RESIDING IN A NURSING HOME? _____

- ❖ DO YOU HAVE ANY PHYSICAL OR PSYCHOLOGICAL LIMITATIONS OR DISABILITIES THAT MIGHT HINDER YOU FROM PARTICIPATION IN SOME ACTIVITIES (SUCH AS HEART CONDITIONS, BACK INJURY, ALLERGIES, ETC.)?: _____

IF YES, PLEASE LIST: _____

- ❖ ONE THING I WOULD LIKE YOU TO KNOW ABOUT ME IS: _____

- ❖ IN MY SPARE TIME I LIKE TO: _____

- ❖ DO YOU HAVE ANY OF THE FOLLOWING SKILLS THAT WE OFTEN NEED? PLEASE CHECK ALL THAT APPLY:

PLAY A MUSICAL INSTRUMENT (PLEASE LIST) _____

SING CRAFTS PAINT OR DRAW READ WRITE GARDEN

WOODWORK PHOTOGRAPHY COMPUTER PROFICIENCY PLAY BOARD GAMES

- ❖ OTHER SPECIAL SKILLS, TRAINING, INTERESTS, AND HOBBIES THAT MIGHT BE HELPFUL TO US:

- ❖ PLEASE INDICATE THE TIMES YOU WOULD BE AVAILABLE TO VOLUNTEER:

WEEKENDS EVENINGS AS MY SCHEDULE ALLOWS OTHER _____

SIGNATURE _____

(By signing I give Cedar Crest Subacute & Rehabilitation Centre permission to verify any information on this application)

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

(By signing I give my child permission to volunteer at Cedar Crest Subacute & Rehabilitation Centre)