



125 Scituate Avenue, Cranston RI 02921  
Telephone (401) 944-8500 • Fax (401) 944-5162

## VOLUNTEER APPLICATION

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?

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- ❖ 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: \_\_\_\_\_

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- ❖ IN MY SPARE TIME I LIKE TO: \_\_\_\_\_

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- ❖ 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       BAKE       SEW       PAINT OR DRAW       STORY TELLER

READ       WRITE       GARDEN       KNIT       CROCHET       WOODWORK

PHOTOGRAPHY       COMPUTER PROFICIENCY

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

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

WEEKDAYS       WEEKENDS       EVENINGS       MORNINGS       MID-DAY

AS MY SCHEDULE ALLOWS       OTHER \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

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