Senior Housing Options, Inc.

Volunteer Application

Date:		
Facility Name:		
Name:		
Home Address:		
Business Address:		
Home Phone:	Office Phone:	
Occupation:		
Driver's License Number:	State:	
Name you would like volunteers and staff to c	call you:	
List previous volunteer experience: Activity Agency	<u>Dates</u>	
List your specific skills and talents that might	be useful in your volunteer work:	
Do you speak or write any languages other th	nan English?	
What type of volunteer activities are you inter	rested in?	
How much time do you wish to commit?		
What days and hours are you available?		
Would you be able to provide transportation to residents in your own vehicle?		

1. Personal Reference:
Name:
Phone Number:
Describe how long you have known this person and what type of relationship you have with this person.
2. Employment Reference:
Name:
Organization:
Phone Number:
Describe your relationship with this organization, including duties performed and dates of employment.
3. Volunteer Reference:
Name:
Agency:
Phone Number:
Describe your volunteer assignments and length of time you served with this agency.

Please give the name of three references that know of your abilities and interests.

Permission to Perform Background Check

including:
Criminal record
☐ Driving record
Past employment history
Personal references
Past volunteer experience
As appropriate for the volunteer positions in which I expressed an interest.
I understand that this facility is a licensed health care facility and must comply with certain regulatory conditions.
I understand that refusal to agree to the above may exclude me from consideration as a Senior Housing Options volunteer.
This information is of a confidential nature, and as such will not be shared with other personnel except for those involved in this specific volunteer position. All information collected will be kept confidential.
Printed Name:
SS#:
Signed: DOB: