

Volunteer Application
Cortland Acres Nursing Home
Thomas, WV

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Previous Address: _____ City: _____ Zip: _____

Telephone: (Home): _____ (Work): _____

Birthday: _____ Social Security #: _____ Male/Female

Emergency Contact: _____ Phone: _____

Volunteer Experience: _____

Educational Background: _____

Work Experience: _____

References: (1) _____ Address: _____

(2) _____ Address: _____

Frequency Desire to Volunteer: Weekly Monthly Special Event Other: _____

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Months Available: _____ Prefer: Morning Afternoon Evening

POSSIBLE VOLUNTEER DUTY INTERESTS

_____ Resident Buddy / Visitor
_____ Letter Writing
_____ Resident Craft Assistant
_____ Exercise Assistant
_____ Bingo Assistant
_____ Gardening
_____ Sewing / Mending / Quilting
_____ Party Assistant
_____ Special Events
_____ Sing-Along Leader
_____ Games Assistant
_____ Physical Therapy Helper
_____ Movie / Video Moderator
_____ Other _____

_____ News Reader
_____ Cooking / Baking Assistant
_____ Beauty / Barber Shop Assistant
_____ Telephoning
_____ Laundry Assistant
_____ Gift Shop Operator
_____ Clerical Work
_____ Mail Delivery
_____ Bulk Mailing Assistant
_____ Ice Water Assistant
_____ Resident Doctor Appt. Trips
_____ Entertainer (Type): _____
_____ Resident Trip Assistant

**Cortland Acres Nursing Home reserves the right to perform background checks on new volunteers after 7/1/01 in compliance with Federal Regulations.

Volunteer Signature: _____