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## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Best time to call: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about volunteering with us? \_\_\_\_\_

Have you ever worked/volunteered for any other MCD Community facility?  Yes  No

If "Yes" please provide facility name, job title, department and years of service:

\_\_\_\_\_

Current Occupation/Related Work Experience: \_\_\_\_\_

Community/Group Affiliations: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Days/Hours Preferred to Volunteer: \_\_\_\_\_

Reason for Volunteering: \_\_\_\_\_

Please check off any hobbies, interests, or skills:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Knitting/Sewing    | <input type="checkbox"/> Painting         | <input type="checkbox"/> Writing            | <input type="checkbox"/> Sports         |
| <input type="checkbox"/> Cooking            | <input type="checkbox"/> Board Games      | <input type="checkbox"/> Reading            | <input type="checkbox"/> Movies         |
| <input type="checkbox"/> Singing            | <input type="checkbox"/> Card Games       | <input type="checkbox"/> Spiritual Programs | <input type="checkbox"/> Computers      |
| <input type="checkbox"/> Playing Music      | <input type="checkbox"/> Puzzles          | <input type="checkbox"/> Gardening          | <input type="checkbox"/> Scrapbooking   |
| <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Walking/Exercise | <input type="checkbox"/> Fishing            | <input type="checkbox"/> Parties/Events |

Other interests not listed: \_\_\_\_\_

What type of volunteer do you want to be?

- Assisted volunteer: Participates in activities with staff assistance.
- Independent volunteer: Participates in activities independently of staff and requires completion of the attached background check release form, as well as volunteer orientation and additional volunteer training.

I require an outside support person while volunteering.  Yes  No

If yes, please submit both your application and the support person's application together.

Have you ever been convicted of a felony or misdemeanor?  Yes  No  
If yes, please explain in detail (state and/or federal): \_\_\_\_\_

Have you been found guilty of abusing, neglecting or mistreating people  
by a court of law? If yes, please explain in detail: \_\_\_\_\_  Yes  No

Have you ever been known by any other names?  Yes  No  
If yes, please list names and explain: \_\_\_\_\_

Have you had a finding entered into the State Nurses Aid registry concerning  
abuse, neglect, mistreatment of people or misappropriation of their property? (A finding means a  
determination made by the State that validates allegations of abuse, neglect, mistreatment of  
residents or misappropriation of their property.) If yes, please explain: \_\_\_\_\_  Yes  No

Please list any professional licenses you hold (i.e., Registered Nurse, Social Worker, etc.):

Have you ever had your professional license to practice suspended?  Yes  No  
If yes, please explain: \_\_\_\_\_

Highest grade completed: Less than High School 9 10 11 12 College Grad School

Please specify any volunteering limitations we should be aware of (physical limitations,  
scheduling limitations, etc.): \_\_\_\_\_

***IN CASE OF EMERGENCY***

Person to Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (other) \_\_\_\_\_

References: List below two (2) references other than relatives:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER APPLICANT’S STATEMENT**

I certify that answers given above are true and complete to the best of my knowledge. I understand that any volunteer relationship with MCD Communities is of an “at will” nature, meaning that I may choose to stop volunteering at any time and MCD Communities may ask me to stop volunteering at any time.

If accepted as a volunteer, I understand that false or misleading information given in my application or orientation may result in ending my time as a volunteer. I understand also that I am expected to follow all MCD Communities rules and regulations as outlined in the volunteer handbook and during orientation.

If you have any questions or concerns about the above statements please contact your facility volunteer supervisor for clarification.

Thank you for your interest in becoming a volunteer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



For volunteers 15 – 17 years of age OR other volunteers with legal guardians

I give permission for \_\_\_\_\_ to volunteer at an MCD Communities program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_