

ST. MARGARET HALL

VOLUNTEER SERVICE INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____ TELEPHONE(____) _____

CELL: (____) _____ E-MAIL: _____

DATE OF BIRTH: MONTH: _____ DAY: _____ NOT THE YEAR. JUST TO SEND CARD.

PERSONAL CONTACT INFORMATION IN CASE OF AN EMERGENCY

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

TELEPHONE: (____) _____ BUSINESS: (____) _____

CELL: (____) _____ E-mail: _____

PLEASE BRIEFLY DESCRIBE REASON FOR

VOLUNTEERING: _____

LIST DATES AND TIMES AVAILABLE. _____

PLEASE PROVIDE TWO REFERENCES, NOT FAMILY. (HOW DO YOU KNOW THIS PERSON?) _____

NAME: _____ TELEPHONE: _____

NAME _____ TELEPHONE: _____

PLEASE INDICATE WHAT AREAS OF SERVICE WHICH INTEREST YOU :(CHECK WHAT APPLIES)

- | | | | |
|------------------------|-------------------------|----------------------|-------------------------------|
| ACTIVITY HELPER | FRIENDLY VISITOR | OFFICE WORK | TAKING RESIDENTS OUT |
| GIFT SHOP | GAMES | COMPUTER WORK | PASTORAL CARE |
| ENTERTAINER | READING ALOUD | CREATIVE ARTS | TRIVIA/ SPECIAL EVENTS |

PLEASE LIST ANY TALENTS YOU WISH TO SHARE:

WHEN COULD YOU START? _____

CONFIDENTIALITY AGREEMENT: I agree to keep all information confidential regarding any and all Residents and to always handle concerns in a professional manner.

Signature: _____ Date: _____