

**THE FRANCIS E. PARKER MEMORIAL HOME, INC.
APPLICATION FOR VOLUNTEER WORK**

Ms.
Mrs.
Miss
Mr. _____
Name Date of Birth (Optional) E-Mail

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____
(Home) (Cell) (Business)

In an emergency, please contact: _____
(Name/Relationship) (Emergency Phone)

Building Preference: Parker at Landing Lane Parker at River Road Parker at Stonegate Pavilion

List any previous volunteer experience: _____

Please list any specific needs related to this volunteer experience: _____

Circle Preferences: Group Activities Individual Activities Administrative The Country Store

Are you willing to help feed residents? YES NO

Please indicate your availability:

1. All Year _____ 2. Monday Tuesday Wednesday Thursday
Summer Only _____
Internship _____ Friday Saturday Sunday (please circle)
Other _____

2. Mornings Afternoons Evenings (please circle)

How were you referred to Parker Home? _____ Staff member _____ Volunteer

_____ Parker Home Website _____ Family member _____ Internet _____ Other

Signature of Applicant Date

If under the age of 18, a parent or guardian must sign Date

PLEASE INDICATE YOUR INTERESTS, TALENTS AND HOBBIES

- | | | |
|--|--|--|
| <input type="checkbox"/> Art History | <input type="checkbox"/> Exercise | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Arts and Craft | <input type="checkbox"/> Dance | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Decorating | <input type="checkbox"/> Political Group |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Discussion Group | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Bird Watching | <input type="checkbox"/> Dramatics | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Bridge/Pinochle/Blackjack/Poker | <input type="checkbox"/> Flower Arranging | <input type="checkbox"/> Science |
| <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Gardening | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Carpentry/Woodworking | <input type="checkbox"/> Hair Styling | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Checkers/Chess | <input type="checkbox"/> Lawn Games | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Church Services | <input type="checkbox"/> Letter Writing | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Leather Crafting | <input type="checkbox"/> Trips |
| <input type="checkbox"/> Collecting | <input type="checkbox"/> Music Appreciation | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Movies | <input type="checkbox"/> Visiting |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Needlepoint/Embroider | <input type="checkbox"/> Other |
| <input type="checkbox"/> Crocheting/Knitting | <input type="checkbox"/> Newsletter | |
| <input type="checkbox"/> Crossword Puzzles | <input type="checkbox"/> Pets | |

Do you play an instrument? YES NO If yes, what type? _____

Would you be available for special events on an occasional basis? _____

Have you ever worked with people who have dementia? _____

References:

1. Name:

2. Name:

Phone Number:

Phone Number:

Address:

Address:

Additional comments/needs: _____
