

BAPTIST HEALTH NURSING AND REHABILITATION CENTER

VOLUNTEER APPLICATION

Name _____ Date _____

Address _____ Telephone _____

Work Experience _____

Volunteer Experience, Interests, Clubs or Hobbies _____

Do you have a time preference? Day of Week _____ Hours _____ None _____

Please check your volunteer interest area:

- _____ Friendly visiting (chatting, writing letters, reading, playing games)
- _____ Assisting with or demonstrating crafts, baking, woodworking, plant care, discussion group, slides, other
- _____ Computer, clerical work
- _____ Clerking in the "Goodies and Gifts" shop
- _____ Assistance with special mailings
- _____ Wheelchair transportation for Physical Therapy, Occupational Therapy or beauty shop
- _____ Wheelchair transportation for activities or special events
- _____ Sorting and delivering resident mail (Monday through Saturday)
- _____ Playing piano or sing-a-longs
- _____ Home service projects: wood articles to be finished by residents; making lap robes, bibs, walker bags
- _____ Donating Bingo prizes and material for crafts

Other _____

Reference _____ Telephone _____

Person to Notify in Emergency _____ Telephone _____

Personal Physician _____ Telephone _____

The Volunteer Coordinator has given me general information about Baptist Health Nursing and Rehabilitation Center.

Policies and Procedures, including Resident Rights, have been discussed.

Should inappropriate behavior or failure to follow procedures occur during my volunteerism, I am aware it could be cause for dismissal at the discretion of the Volunteer Coordinator.