

BAPTIST HEALTH NURSING & REHABILITATION CENTER
VOLUNTEER APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

Work Experience _____

Volunteer Experience, Interests, Clubs, Hobbies _____

Time Preference? Day of Week _____ Hours _____ None _____

Please check your volunteer interest area:

- _____ Friendly Visiting (chatting, writing letters, reading, playing games)
- _____ Computer, Clerical Work or Assist with Special Mailings
- _____ Gift Shop
- _____ Wheelchair Transportation (ex: Physical Therapy, Occupational Therapy,
Beauty Shop, Activities, Special Events)
- _____ Sorting and Delivering Resident Mail (Monday-Saturday)
- _____ Special Skills (ex: Baking, Arts & Crafts, Plant Care, Woodwork, Music)
- _____ Home Service Projects (ex: making lap robes, bibs, walker bags, etc.)
- _____ Donation of Bingo Prizes and Materials for Crafting
- _____ Special Events For BHNRC and Foundation
- _____ Other



Reference _____ Phone _____

Emergency Contact _____ Phone _____

Primary Care Physician _____ Phone _____

The Volunteer Coordinator has given me general information about Baptist Health Nursing & 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.

Signature of Volunteer Applicant _____

Date _____