



# Living at Home of the Park Rapids Area

~An Interfaith Caregivers Program~

P.O. Box 465 Park Rapids, MN 56470

732-3137

## Volunteer Application

(Please fill out BOTH pages)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Township/Location \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Email \_\_\_\_\_

Phone (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Church affiliation (optional) \_\_\_\_\_

Occupation:(past or present) \_\_\_\_\_ Retired \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

Other information that will help us make a good match (hobbies, interests, skills):

Are you willing to visit a smoker? \_\_\_\_\_ Do you have a problem with pets? \_\_\_\_\_

Do you have any physical limitations that will limit your volunteer activities?

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

For office use only - Training attended:

Orientation \_\_\_\_\_ Respite \_\_\_\_\_ Other \_\_\_\_\_

**I am willing to volunteer in these areas:**

- |   |  |
|---|--|
| <input type="checkbox"/> Baking/Cooking                       | <input type="checkbox"/> Office Help                                     |
| <input type="checkbox"/> Fundraisers                          | <input type="checkbox"/> Ramp Building                                   |
| <input type="checkbox"/> Gardening                            | <input type="checkbox"/> Respite Care<br>(relieving a caregiver 3-4 hrs) |
| <input type="checkbox"/> Grocery Shopping/Errands             | <input type="checkbox"/> Snow Removal                                    |
| <input type="checkbox"/> Hairdressing                         | <input type="checkbox"/> Telephone Homebound Seniors                     |
| <input type="checkbox"/> Handyman Projects                    | <input type="checkbox"/> Transportation to Appointments (local)          |
| <input type="checkbox"/> Light Housekeeping                   | <input type="checkbox"/> Transportation to Church _____<br>(church name) |
| <input type="checkbox"/> Meal Delivery                        | <input type="checkbox"/> Transportation to Bemidji, Fargo, etc.          |
| <input type="checkbox"/> Medical Escort (assist during appt.) | <input type="checkbox"/> Visiting Seniors                                |

Other \_\_\_\_\_

**I cannot** volunteer at these times: \_\_\_\_\_

**References:** Please list two LOCAL persons we can call who are not family members:

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Day/Evening**

**Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Day/Evening**

**Address** \_\_\_\_\_

**How did you hear about Living at Home as a volunteer opportunity?**

\_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**I give the Living at Home of the Park Rapids Area permission to contact my references and check my driving and local police records.**

**I volunteer my services and understand that I am not an employee of the program.**

Signature \_\_\_\_\_

Date \_\_\_\_\_