



Living at Home of the Park Rapids Area

~An Interfaith Caregivers Program~

P.O. Box 465 Park Rapids, MN 56470

218-732-3137

Volunteer Application

(Please fill out BOTH pages)

Name _____ Birthdate _____

First Middle Last

Address _____ City _____

Zip _____ Township/Location _____

Phone (Home) _____ Email _____

Phone (Work) _____ (Cell) _____

Church or Congregation _____

Occupation: (past or present) _____

Retired Veteran

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 _____

I am willing to volunteer in these areas:

- | | |
|--|--|
| <input type="checkbox"/> Transportation to local appointments | <input type="checkbox"/> Transportation to Bemidji/Fargo appointments. |
| <input type="checkbox"/> Taking notes during medical appointments | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Grocery Shopping/Errands | <input type="checkbox"/> Hairdressing |
| <input type="checkbox"/> Handyman Services | <input type="checkbox"/> Light Housekeeping |
| <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Friendly in home visits | <input type="checkbox"/> Friendly phone calls |
| <input type="checkbox"/> Snow removal | <input type="checkbox"/> Caregiver Closet |
| <input type="checkbox"/> Respite Care (Staying with a care receiver while a caregiver gets a break) | <input type="checkbox"/> Afternoon Out |

Other _____

Availability:

- I am available year round.
- I leave in the winter and am available from _____ to _____
Month Month

I am available: M T W Th F S Sunday (circle days you are available for)

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

Name _____ Phone _____ Day/Evening _____
Address _____ City _____ State _____ Zip _____
E-mail _____

Name _____ Phone _____ Day/Evening _____
Address _____ City _____ State _____ Zip _____
E-mail _____

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

Driver's License # _____ Expiration Date _____

I certify that I have and will provide information on this application and in volunteer interviews that is true to the best of my knowledge. I give Living at Home of the Park Rapids Area permission to contact my references and check my driving and criminal records.

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

Signature _____ Date _____

For office use only - Training attended and background checks completed: Orientation _____ Respite _____ MN BCA check _____ Driver's License check _____ Other _____
