



Volunteer Application Form

Thank you for your interest in becoming a volunteer at our Life Enriching Communities. To assist us in matching your interests, please complete the information below.

Today's Date: _____ **Preferred Title:** (Mr. Mrs., Ms., Dr.) _____

Name: _____
First Last Middle Initial

Home Address: _____
Number/Street City State Zip Code

Number of years at above address: _____ **Home Phone:** _____ **E-mail:** _____

Previous full address: _____
Number/Street City State Zip Code

Age: Are you younger than 20? _____ **Birth Date:** _____

Adult: 20- 40 years 41- 60 years 61 and Over

Emergency Contact/Number: _____ **Relationship:** _____

Have you ever been convicted of a felony? If yes, please explain: _____

Referred by: _____

Please explain why you want to volunteer at Life Enriching Communities? _____

Please mark location desired for volunteer work? ___ Twin Towers ___ Twin Lakes ___ Both

Please list previous volunteer/community service (Most recent first)

Organization	Position	Dates: From	To	Phone Number

Are there any skills drawn from previous experiences you would care to use in volunteer work?

(Hobbies, crafts, music, other languages, etc.) _____

Volunteer availability: Once Weekly Twice Weekly Every Two Weeks
 Longer Intervals Other: _____

Preferred day(s): Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday

Time Preference: Morning Afternoons Evenings

Potential time frame (10:00 a.m. – noon) _____

How long are you hoping to be with us? _____

Are you currently employed? Yes No Full time Part time School

Name of your Employer/School: _____

Job Title/Grade Level _____ Supervisor _____ Work Phone _____

I am retired from: _____

Is there any special education or training, which you feel you have, that is relevant to working with older adults or the job you are interested in performing? _____

Have you had a Tuberculin (TB) Shot recently? _____ Date: _____

Please list two personal references: (please do not include relatives or employers)

Name	Address	Phone Number
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_____	_____	_____
_____	_____	_____

As a volunteer at Life Enriching Communities:

1. I will uphold the standards and policies of the Life Enriching Communities (LEC) Volunteer Program.
2. I will attend any required training sessions before performing service at Twin Towers or Twin Lakes.
3. I will be courteous, considerate and will endeavor to make my work of the highest quality.
4. I will be punctual and conscientious in the fulfillment of my duties. If I am unable to serve at the assigned time, I will notify my supervisor and try to exchange shifts with another volunteer.
5. I will follow proper protocol with problems, criticisms and/or suggestions.

Thank you for completing this application. LEC considers all of the information recorded above confidential. Your signature verifies that all information on this application is accurate and also gives LEC approval to check your references and perform a background check to ensure the safety of the LEC residents, volunteers and associates.

Signature: _____ Date: _____

Parent/Guardian Signature if under 18: _____

Relationship: _____ Date: _____

