



VOLUNTEER APPLICATION

DATE: ____ / ____ / 20____

APPLICANT'S INFORMATION

Name: _____

Home Address: _____
Number & Street City/State Zip

Home Phone: _____ Cell Phone: _____ (Pls circle preferred phone number at which to reach you)

What grade did you last complete?: _____

In case of emergency, please notify:

<i>Name</i>	<i>Best Phone #</i>	<i>Relationship to you</i>
1.) _____	_____	_____
2.) _____	_____	_____

Did someone refer you to St. Clare-Newport?: Yes or No If yes, who:?

Did you know about St. Clare-Newport before now? If yes, please share:

Why did you choose to apply here?: _____

EXPERIENCE

Volunteer Experience:

Please list most recent experience first. Additional service/information may be listed on the back of this form.

<i>Dates</i>	<i>Description of Work</i>
_____	_____
_____	_____
_____	_____
_____	_____

Employment Experience:

Please list most recent experience first. Additional service/information may be listed on the back of this form.

<i>Dates</i>	<i>Description of Work</i>
_____	_____
_____	_____
_____	_____
_____	_____

TELL US ABOUT YOURSELF

1. Do you have any interests/hobbies/etc. that you may want to share with the elders/staff of St. Clare? :

2. What do you consider to be your greatest strength?: _____

3. Name an accomplishment (large or small) of yours that makes you feel proud: _____

4. Name two things you would *prefer* to do as a St. Clare volunteer: _____

5. Is there anything that would prevent you from performing the activities of the volunteer position(s) for which you are applying? Yes or No If yes, please explain: _____

6. REFERENCES

Please list two (2) Personal References and one (1) Business Reference:

<i>Name</i>	<i>Address</i>	<i>Telephone number</i>	<i>How related to you</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. How often would you *like* to volunteer? (once a week, twice a week, etc.): _____

8. Please circle the day(s) you are *available* to volunteer and indicate the best time (on line below the day):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____

9. Is there anything else you would like to share or like us to know about you?

If you are accepted as a volunteer, there will be periodic evaluations to make sure that you are suited to the job to which you are assigned. These evaluation periods will provide an opportunity for volunteers to comment.

PLEASE READ AND SIGN BELOW

I fully agree to uphold the policies, procedures and confidentiality of St. Clare-Newport. Furthermore, I will treat every resident with RESPECT, DIGNITY and the BEST quality of care that I can provide within the guidelines of the volunteer service that I provide.

Applicant Signature: _____ Date: _____

SCN Staff receiving application: _____ Date: _____