PLYMOUTH™
PLACE

VOLUNTEER APPLICATION

Name _____

Phone _____ Email _____

Address _____ City/Zip _____

Emergency Contact Person _____ Phone _____

Referred by _____ Current Occupation _____

Educational background

Special talents or skills

Hobbies and interests

Previous volunteer experience

What clubs or organizations do you belong to?

AREAS OF INTEREST *(please check all that apply)*

- ☐ Exercise
- ☐ Music
- ☐ Dance
- ☐ Arts & Crafts
- ☐ IT
- ☐ Reading to resident
- ☐ Interview resident for biographies
- ☐ Music listening with resident
- ☐ Give Hand Massages
- ☐ Play cards, board games with resident
- ☐ Assist with group activities
- ☐ Friendly room visits

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Do you drive a car? ☐ Yes ☐ No

Speak a foreign language? ☐ Yes ☐ No Which language(s)? _____

Do you have any health care concerns or special adaptations we need to know about for your safety and well-being?

What days/hours are you available for service?

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

Frequency you are available to volunteer (Check preference)

☐ Daily ☐ Weekly ☐ Weekends ☐ Every other week

Why do you want to volunteer at Plymouth Place?

Signature _____ Date _____

Signature of parent/legal guardian (if under 18) _____