

Volunteer Opportunities That Interest You

Please check all that apply:

- Gift Shop
- Greenhouse
- Ice Cream Stand
- Worship Service
- Activities Assistant
- Arts/Crafts
- Games
- Music Therapy

- Field Trips/Outings
- Resident Visitor
- Pet Visits
- Mail Delivery/Sorting
- Specialty Parties
- Other

Which do you prefer to be?

- Group Leader
- Group Assistant
- Either

Miscellaneous Information

Do you know any volunteers at Walker Methodist Health Center?

- Yes
- No

If yes, who? _____

How did you learn about Walker Methodist Health Center? _____

Have you served as a volunteer with us before?

- Yes
- No

If yes, when? _____

Are you familiar with Alzheimer's and dementia?

Reference

Name: _____

Daytime Phone: _____

Relationship: _____

Evening Phone: _____

Additional Comments

READ BEFORE SIGNING:

I understand that any offer of volunteer service is conditional upon completing and passing a Mantoux (tuberculosis) screening, acceptable reference check, criminal background check, and completion of orientation.

I authorize investigation of all statements in this application, and I understand that misinformation given on my volunteer application form and during the interview process is sufficient cause for discharge.

I understand that this information is to be kept confidential and will be used only in finding the most suitable placement for me.

I understand that I will NOT be paid for my services as a volunteer.

Applicant Signature

Date

Return completed, signed form to Sadie Miller at Walker Methodist Health Center, 3737 Bryant Avenue South, Minneapolis, MN 55409.