Hughes Health And Rehabilitation
Volunteer Application

Name:_____
Last First Middle Initial

Address:_____
Street Town Zip

Phone #: Day ( ) _____ Evening ( ) _____

Times Available: (Check all that apply)

Monday:_____ Tuesday:_____ Wednesday:_____ Thursday:_____

Friday:_____ Saturday:_____ Sunday:_____ Holidays:_____

1X weekly:_____ 2X weekly:_____ More than 2X:_____ Monthly:_____ Special Events:_____

Reason why you would like to volunteer:_____

_____

Employer:_____ Phone:_____ Title:_____

Have you ever been convicted of a crime? No_____ If yes, please explain_____

_____

If Student: School:_____ Grade Level:_____

Languages Other Than English spoken:_____

Physical Limitations: Please list any Physical limitations or medications taken for which our staff should be made aware of. Note: This information is helpful in your proper placement as a volunteer and in no way denies participation in our volunteer program._____

_____

Check any special interests you are willing to share with our residents:

Travel:_____ Music:_____ Crafts:_____ Reading:_____ Sports:_____ Cards:_____

Other:_____

Do you prefer: Group Setting:_____ Individual Setting:_____ Both:_____

Emergency Notification:_____
Name Relationship Phone#

Comments:_____

_____