

# Volunteer Application

Date of Interview \_\_\_\_\_

Date of Orientation \_\_\_\_\_

Assignment and date \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Referred by \_\_\_\_\_

1. Frequency with which you wish to volunteer: (Circle Preference)

Twice Weekly   Weekly   Every Two Weeks   Once a Month   Longer Intervals

2. Time Preference: (Circle Preference)

Morning   Afternoon   Evening

3. Length of time you wish to volunteer: (Circle Preference)

1/2 hour   1 hour   2 hour   3 hour   longer periods

4. Day(s) of week preferred:

5. Do you wish to put a time limit on your volunteer commitment?

3 mo.   6 mo.   1 year   Indefinite

6. Are there any skills drawn from previous experiences you would care to use in volunteer work?  
(Other languages, hobbies, talents, work or volunteer experiences)

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7. What clubs or organizations do you belong to?

8. How would you like to volunteer? Refer to list of volunteer opportunities as necessary.)

9. Why do you want to volunteer?

**List Three References:**

<u>Name</u>
<u>Address</u>
<u>Phone</u>
<u>Occupation</u>
<u>Name</u>
<u>Address</u>
<u>Phone</u>
<u>Occupation</u>
<u>Name</u>
<u>Address</u>
<u>Phone</u>
<u>Occupation</u>

Do you authorize the activity department to use pictures and/or statements of your volunteer work for publicity purposes?     Yes     No

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## VOLUNTEER CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_, hereby agree to regard all information received in the performance of my volunteer work at the Knife River Care Center as confidential.

I understand that the Knife River Care Center respects resident's rights to privacy of information, and I agree to respect these rights in the performance of my volunteer duties. It is understood that information obtained may be through verbal or written channels, and that all information shall be treated with the strictest confidence. Such information shall not be discussed with anyone outside or inside the care center.

I agree to respect residents' rights to privacy, as well as those of the family and the Knife River Care Center whenever I make community presentations or participate in volunteer recruitment programs. The Activity Director or Administrator will approve the content of these presentations, in advance.

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Volunteer Name

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Parent/Guardian

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Orienteer

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Date