

# Volunteer Application

Mennonite Home Communities  
1520 Harrisburg Pike, Lancaster, PA 17601

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

I wish to volunteer: weekly \_\_\_\_\_ twice weekly \_\_\_\_\_ monthly \_\_\_\_\_ other \_\_\_\_\_

I can volunteer: morning \_\_\_\_\_ afternoon \_\_\_\_\_ evening \_\_\_\_\_ other \_\_\_\_\_

Day(s) preferred: \_\_\_\_\_

What clubs or organizations do you belong: \_\_\_\_\_

Education/training that relates to your volunteering interest: \_\_\_\_\_

\_\_\_\_\_

Previous experience as a volunteer: \_\_\_\_\_

List hobbies, skills, special training or volunteer experience you would like to use:

\_\_\_\_\_

I'm a member of the Auxiliary, Yes \_\_\_\_\_ No \_\_\_\_\_ I would like to join \_\_\_\_\_

If a student, are you 13 years old or older? \_\_\_\_\_

Name of School \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

List name & phone number of two references: \_\_\_\_\_

\_\_\_\_\_

## Ways in which you wish to serve: please check

- |  |  |
|--|--|
| _____ Caring Friend (Visiting our residents) | <u>In-house wheelchair transport to:</u>         |
| _____ Read or write for a resident           | _____ Sunday morning Chapel Services             |
| _____ Take residents outside for a walk      | _____ Physical Therapy appointments              |
| _____ Drive the bus (requiring a CDL)        | _____ Beauty Shop appointments                   |
| _____ Volunteer in the Gift Shop             | _____ Weekly pre-planned activities with staff   |
| _____ Volunteer in the Thrift Shop           | _____ Daily transport for resident arts & crafts |
| _____ Adopt a Grandparent                    | _____ Special Events                             |
| _____ Play games with residents              | _____ Help with the Walk of Ages                 |
| _____ Help with the Annual Barbecue          |  |
| _____ Provide 5 dozen baked cookies          | _____ Assist with Spring/Fall Craft Fairs        |
| _____ Provide favors for Holidays            | _____ Work in wood shop                          |
| _____ Assist in the library                  | _____ Provide a vocal or instrumental talent     |
| _____ Craft room quilters – sewing           | _____ Help with parties                          |

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Notify in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_

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Volunteer office use: Assignment start date: \_\_\_\_\_

Scheduled to volunteer in: (area) \_\_\_\_\_ Days \_\_\_\_\_ Per schedule \_\_\_\_\_