

Your invitation to volunteer.....



# Guardian Angels

## SENIOR COMMUNITY

### Care Center

**VOLUNTEER NAME:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Best Time: ☐ AM ☐ PM

E-mail \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**EMERGENCY CONTACT:**

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

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**EDUCATION:**

Will you be receiving academic credit for your volunteer work? ☐ Yes ☐ No

If so, please list school name. \_\_\_\_\_

**ADDITIONAL INFORMATION:**

What are your general areas of interest or hobbies?

\_\_\_\_\_

List any clubs or organizations you are a member of.

\_\_\_\_\_

Do you have any experiences with people with memory loss or physical disabilities?

\_\_\_\_\_

State why you wish to become a volunteer at Guardian Angels Care Center?

\_\_\_\_\_

Have you served as a volunteer before? ☐ Yes ☐ No - If yes, where? \_\_\_\_\_

How did you learn about Guardian Angels Volunteer Program?

☐ Friend ☐ Website ☐ Newspaper ☐ GA Staff member ☐ other \_\_\_\_\_

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**VOLUNTEER OPPORTUNITIES:** (Red indicates opportunities for both adult and student volunteers.)

- |   |  |
|---|--|
| <input type="checkbox"/> Senior Companion Visit                             | <input type="checkbox"/> Music (play an instrument)        |
| <input type="checkbox"/> Coffee Time Server & Visitor                       | <input type="checkbox"/> Read to a Resident                |
| <input type="checkbox"/> Games - Card or Board                              | <input type="checkbox"/> Bingo Assistant                   |
| <input type="checkbox"/> Baking Assistant                                   | <input type="checkbox"/> Gardening – Summer Months         |
| <input type="checkbox"/> Coffee & Gift Shop – (must be 16 yrs.)             | <input type="checkbox"/> Pet Therapy Visits                |
| <input type="checkbox"/> Manicures  | <input type="checkbox"/> Resident Outings                  |
| <input type="checkbox"/> Crafts Assistant                                   | <input type="checkbox"/> Special Events – Misc. Job Duties |
| <input type="checkbox"/> Friends of Guardian Angels Auxiliary (fundraising) | <input type="checkbox"/> Transporter – To and from         |
|   | Music Performances   |
|   | Chapel Service   |

☐ Other (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY:**

**Volunteers are very important at Guardian Angels Care Center!** It is important for potential volunteers to take a moment to think about working with the senior population in a Skilled Nursing Facility. A time commitment is an essential part of volunteering. Dependability and consistency is required. We want to make sure your placement is rewarding for you as well as our residents.

Training is provided to make each volunteer comfortable and excited to be at Guardian Angels Care Center. Your commitment is very important, if you are unable to attend an assigned shift, please call and let us know so a replacement may be found if needed. We are counting on you! **A minimum volunteer commitment of two visits per month is required.**

Volunteer applicants will be interviewed for open volunteer opportunities that meet the needs of Guardian Angels residents and/or staff and the applicants' skills and availability.

**FREQUENCY:** ☐ Weekly ☒ Twice a Month

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening			

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**ACKNOWLEDGEMENT:**

"I understand that I may be exposed to confidential information as a volunteer for Guardian Angels Senior Services and that I am obligated to maintain the confidentiality of this information at all times, both during, and after volunteer hours. I also understand that as a volunteer I cannot legally assist with resident care issues and will notify designated staff member should such a situation arise. I will not hold Guardian Angels Senior Services responsible for injuries or accidents that may occur during my time as a Volunteer."

***"I understand that if I have not volunteered in 3 months, I am to let the Volunteer Coordinator know if I would like to be kept on the volunteer list. Two attempts will be made to contact me after 3 months of absence, if I do not reply I will be removed from the volunteer list. If I choose to come back at a later date I must complete a new background study and attend volunteer orientation. My information will be kept on file."***

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing below, I give my permission to conduct a criminal background study.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Parent or guardian signature is required for student applicants.)**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send completed application by mail or email to:

**Guardian Angels Care Center  
Lynn Owens, Volunteer Coordinator  
400 Evans Avenue NW  
Elk River, MN 55330  
763-241-4460 / [lowens@ga-er.org](mailto:lowens@ga-er.org)**

**Guardian Angels Mission Statement**

*Guardian Angels provides exceptional healthcare, housing and supportive services  
to seniors and their families in the spirit of Christ's love.*

[www/guardianangelsmn.org](http://www/guardianangelsmn.org)

