



2020 – STUDENT APPLICATION

GUARDIAN ANGLES SENIOR SERVICES and STUDENT VOLUNTEER AGREEMENT

The following AGREEMENT is entered into between Guardian Angels Senior Services and

Student Name _____

The undersigned Student Volunteer agrees that he/she:

1. Will sign up for all volunteer activities prior to volunteering via VicNet and only come on scheduled dates and times and will only volunteer when Guardian Angels Staff is working.
2. Will make a commitment to volunteer at least 2 times per month.
3. **Will notify the Volunteer Coordinator, Activity Coordinator or Recreation staff in the building you are volunteering at within 24 hours prior to scheduled activity time if unable to make volunteer shift.**
4. Will dress appropriately in clothing as per dress code guidelines provided at Volunteer Orientation. Will wear his/her nametag and Student volunteer shirt at **all** times when volunteering.
5. Will not bring friends with him/her to volunteer.
(All volunteers must complete an application, background study and attend New Volunteer Orientation)
6. Will not leave the building during volunteer hours unless directed to do so.
7. Will listen and follow the suggestions and directions of the Activity Coordinator, Recreation Leader or Volunteer Coordinator. Rudeness to any staff member or residents will result in immediate dismissal from volunteer duties.
8. **Will not use cell phones while volunteering. NO PHOTOS of residents can be taken at anytime. All personal belongings are to be left in designated volunteer area as indicated per Guardian Angels location.**
9. Will attend **New Volunteer Orientation** as directed and complete **Background Study**, prior to volunteering.

If any of the above rules are broken two (2) times, the Student Volunteer will be asked to discontinue his/her volunteer service for a period of one (1) year, after which he/she may be re-evaluated.

Lynn Owens, Volunteer Coordinator

Date

Student Volunteer

Date

Parent/Guardian

Date





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STUDENT INFORMATION:

Name _____ Shirt Size _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ E-mail _____
Name of Parent or Guardian _____
Home Phone _____ Cell Phone _____ E-mail _____

EMERGENCY CONTACT:

Name _____ Relationship _____ E-mail _____
Address _____ Phone _____

EDUCATION:

Will you be receiving academic credit for your volunteer work? ☐ Yes ☐ No Club or Class _____
Name of School _____ Grade you will be entering next year _____

ADDITIONAL INFORMATION:

Do you have any experiences with people with memory loss or physical disabilities? _____
Have you served as a Volunteer before? Yes / No If yes, where? _____

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 here as a Volunteer.”

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

Student Volunteer Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

(Required if applicant is under 18 years old)

**Please forward completed application to
Lynn Owens, Volunteer Coordinator
400 Evans Ave NW
Elk River, MN 55330**

