

Your invitation to volunteer.....



Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Best Time: AM or PM

E-mail _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____ Phone _____

EDUCATION:

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

Name of School / College _____

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 of Guardian Angels Volunteer Program?

☐ Friend ☐ Website ☐ Newspaper ☐ Guardian Angels staff member ☐ other _____

Your invitation to volunteer.....

VOLUNTEER OPPORTUNITIES: (red indicates opportunities for adult or junior volunteers)

<input type="checkbox"/> Visit with Residents / One on One	<input type="checkbox"/> Music (play an instrument)
<input type="checkbox"/> Coffee Time (Serve & Visit) 2:30-3:30	<input type="checkbox"/> Crafts – 1 st /3 rd Mon 10:00 2 nd /4 th Wed 1:15
<input type="checkbox"/> Baking - Thurs. 9:15 -10:45	<input type="checkbox"/> Bingo – Mon 3:15–4:30 Thurs 3:00–4:15
<input type="checkbox"/> Games - Wed 4:15	<input type="checkbox"/> Gardening – Summer Months
<input type="checkbox"/> Gift & Treat Shop – (must be 16 yrs.)	<input type="checkbox"/> Pet Therapy Visits
<input type="checkbox"/> Special Lunch – Thurs 11:30-1:00	<input type="checkbox"/> Manicures
<input type="checkbox"/> Exercise Mon 1:15-2:15 Wed 9:15-10:15	<input type="checkbox"/> Special Events- Such As: Host/Hostess
<input type="checkbox"/> Friends of Guardian Angels (Fundraising)	<input type="checkbox"/> Set Up/Take Down
<input type="checkbox"/> Transporter – Tues – Music 6:15-8:15	<input type="checkbox"/> Transport Residents
<input type="checkbox"/> Sun – Chapel Service 1:30-3:00	<input type="checkbox"/> Outings
<input type="checkbox"/> 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 commitment of at least two times per month is preferred.**

Each volunteer applicant will be interviewed for open positions that meet the needs of the volunteer and Guardian Angels Care Center.

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</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		

FREQUENCY: (Circle preference) **Weekly** **Twice a Month**

Your invitation to volunteer.....

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."

I understand that if I have not volunteered in 4 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 4 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 check.

Volunteer Signature _____ Date _____

(If Junior Volunteer)

Parent or Guardian Signature _____ Date _____

Please return application to:

Guardian Angels Care Center
Lynn Owens, Volunteer Coordinator
lowens@ga-er.org
400 Evans Avenue NW
Elk River, MN 55330
763-241-4460

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.

