

Supervised Student Volunteer Application

Personal information:

Name: _____ Phone (cell): _____ (W): _____

Address: _____ Email: _____

Date of birth: _____ Occupation: _____

Volunteer options - please check all areas you are willing to help with:

___ Companionship visits

___ Writing letters/reading

___ Going for short walks with Care-Receiver

___ Accompanying Care-Receiver to exercise/ Physical Therapy

___ Playing cards or games

Matching Information:

Please list your special interests, skills, previous volunteer experiences and hobbies:

Screening information:

Have you ever been convicted for violation of any laws, traffic or otherwise? ___ yes ___ no

If yes, please explain: _____

Do you have any physical condition that may limit your volunteer activities? ___ yes ___ no

If yes, please describe: _____

Emergency contact:

Name: _____ Phone: _____ Relation: _____

References:

Please list two persons we may contact who are not family members, and who have known you for at least one year. For example, you may include employers, teachers, religious leaders, or co-workers.

1. Name: _____ Phone: _____ Relation: _____

Email: _____

2. Name: _____ Phone: _____ Relation: _____

Email: _____

I hereby give my consent for the Brave Heart Volunteers to contact my references.

Signature of Applicant

Date

BHV 09/2018