

Wesbury United Methodist Community



Volunteer Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address			Apartment/Unit #			
City	State		ZIP			
Phone	Home:		E-mail Address			
	Cell:					
	May we contact you via text? YES or NO					
Date Available		Time of day you are available (Circle all that apply)	Morning Evenings	Afternoon Weekends	Days you are available (Circle all that apply)	M T W TH F SAT SUN
Are you a member of RSVP?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Is volunteer work a requirement for school/college credit or mandated community service?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Education & Special Training		
Have you ever been convicted of a felony? *Background Check is required		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hobbies & Interests		

VOLUNTEER EXPERIENCE

Name of Organization	
Name of Organization	
Name of Organization	

REFERENCES

Please list three references. (Note: Your first reference should be your emergency contact)

Full Name		Relationship	
		Phone	
Full Name		Relationship	
		Phone	
Full Name		Relationship	
		Phone	

PLEASE CHECK THE AREA AND TYPE OF VOLUNTEER ASSIGNMENTS THAT YOU ARE INTERESTED IN:

- GRACE (Skilled Nursing)
 - CRIBBS (Personal Care)
 - MEMORY SUPPORT
 - CLUBHOUSE (Independent Living)
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- Activities (Bingo, Games, Events, Crafts, Sing-a-longs)
 - Beauty Shop
 - Book Cart (Saturday and Sunday)
 - Candlelight Dinner Assistant (2nd Tuesday of Every Month)
 - Church Escorts
 - Clerical (Filing, Data Entry, Stuffing Envelopes, Labeling, Folding Literature)
 - Clubhouse Host/Hostess
 - Entertainment (Singing, Musical/Dramatic Performances, Playing Instrument)
 - Friendly Visits
 - Gift Shop Assistant
 - Greeters for Special Events
 - Mail Delivery
 - Mealtime/Dining Aide
 - Paint & Polish Nails
 - Pet Therapy
 - Read to Residents
 - Sewing
 - Shopping Companion (Transportation provided by CATA)
 - Special Events
 - Spiritual Services (Stephen Ministry, Rosary, Communion, Prayer, Devotions)
 - Patio Partner (Outside Visits-weather permitting)
 - Therapy Escort
 - Travel Companion (Accompany residents on trips and outings- Transportation provided by CATA)
 - Write Letters
 - Other Interests _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to volunteer placement, I understand that false or misleading information in my application or failure to adhere to the established rules and regulations of Wesbury's Volunteer Services Program may result in my release from the volunteer program.

Signature

Date

Please return all Volunteer Applications to:
Melissa M. Swartwood, Director of Life Enrichment and Volunteer Services
Wesbury United Methodist Community
31 N. Park Avenue
Meadville, PA 16335
Phone (814) 332-9235
Email mswartwood@wesbury.com