



VOLUNTEER APPLICATION

Name: _____ Date: _____
(Last) (First) (Middle)

Current Mailing Address:

(Street) (City/State) (Zip)

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Choose one: Adult Student Resident of Villa St. Benedict

If a student, please name high school or college: _____

Are you 16 years of age or older? Yes No

How did you find out about our community? _____

Reason for volunteering (please check one):

- Desire to assist individuals in a health care setting on a regular basis
- Educational or employment reasons
- Community service requirement (number of hours needed: _____)
 - For church
 - For school
 - Other (please specify): _____

What department or activity would you like to assist? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Resident Activities | <input type="checkbox"/> Gift Shop (Resident Only) |
| <input type="checkbox"/> Dining Services | <input type="checkbox"/> Computer work |
| <input type="checkbox"/> Resident Visits | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Program Leader/Assistant | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Outings | <input type="checkbox"/> Escort to activities |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Spiritual Care |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Exercise Programs | <input type="checkbox"/> General Music |

List talents, skills and interests: _____

1920 Maple Avenue- Lisle, IL 60532

www.villastben.org jade.conklin@villastben.org Fax: 630.725.7016

Available days and times (Please fill in any times available)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evenings							
Dates							
Hrs/week							

Are you able to commit to a minimum of 30 hours in a year? Yes No

In case of emergency, please notify:

Name: _____

Relationship: _____

Daytime Phone: _____

Evening Phone: _____

Parental Permission (if under the age of 18 years old):

I understand and approve of the volunteer program and give my permission for _____
to volunteer at Villa St. Benedict. (Volunteer's Name)

Signature: _____

Date: _____

Relationship: _____

Have you ever been convicted of or pled guilty to a criminal offense in the last seven years?

No Yes If "yes", state place and nature of conviction:

Date of Conviction: _____ State of Probation: _____

Name of Probation Officer, if applicable: _____

Address: _____

Phone Number: _____

Note: A conviction does not mean automatic rejection. If you are on probation, we will contact your Probation Officer for a reference. You are not obligated to disclose sealed or expunged records of conviction or arrest.

Volunteer Agreement:

If chosen to volunteer in your community, I assume full responsibility for my activities. I understand that my volunteer work must be done in adherence to Villa St. Benedict policies and procedures. I agree to hold all information regarding the residents of Villa St. Benedict in strict confidence. If representing a volunteer group, I will supply Villa St. Benedict with emergency phone numbers for other volunteer group members.

Signature: _____

Date: _____

For office use only:

Date Application Received: _____

Date Initial Contact Made: _____

Interview Conducted On: _____

Approval: Yes No

For approved applicants:

Confirmation letter: _____

TB test conducted: _____

Date CNA Registry Checked: _____

Results: _____

Date National Sex Offender Registry Checked: _____ Results: _____

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