

Mather Pavilion Volunteer Application

Volunteer Number _____

Volunteer Code _____

General Information

Last Name: _____ First Name: _____ M.I. _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Birthday Month: _____ Day: _____ Year: _____

Emergency Contact: _____ Relationship to You: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

How were you referred to us? _____

Education

	Level Completed	Major or Degree
High School: _____	1 2 3 4	_____
College: _____	1 2 3 4	_____
Graduate: _____	1 2 3 4	_____

Expected Graduation Date: ____ / ____ / ____

Do you belong to a Greek or service organization? (List) _____

If your volunteer service is for school credit, please fill out the following section:

School Name: _____ Course Title: _____

Address: _____

Contact's Name: _____ Phone Number: (____) _____

If you are 17 or under, your parent or guardian must give their consent.

I (please print), _____, give my consent for my child to participate in the Mather Pavilion's volunteer program.

Parent/Guardian Signature: _____ Date: _____

Employment & Extra-Curricular Activities

Current employer: _____ Hours: _____

Please list any extra-curricular activities you are involved in:

Experience, Skills, Interests & Availability

Volunteer experience: _____

Hobbies/interests: _____

Skills/abilities: (e.g., musical, performance, clerical/computer, etc.) _____

Do you speak, read, or write another language? _____ If yes, what? _____

Why do you want to volunteer? _____

What type of volunteer work would you be willing to do? (Please prioritize your choices.)

- _____ Activities Assistant ... (varies; see activities calendar)
- _____ Art Instructor or Assistant... (varies; see activities calendar)
- _____ Book Cart ... (open except for meal times)
- _____ Computer Volunteer... (open except for meal times; preview at www.IN2L.com)
- _____ Organizational/Administrative Volunteer (weekday; office hours)
- _____ Performer for Music, Dance, Theatre, etc. ... (variable/open)
- _____ Pet Visits ... (open except for meal times)
- _____ Photographer/Scrapbooker ... (open and some can be done off-site)
- _____ Reading to the blind ... (open except for meal times)
- _____ Rehab Volunteer (daily 9:30 a.m.-11:00 a.m. or 10 a.m.-11:30 a.m.)
- _____ Special Events/Projects ... (weekly as needed)
- _____ Visiting Volunteer ... (varies, depending on resident(s))
- _____ Writer... (some can be done off-site)
- _____ OTHER... We're open to just about anything! If you have ideas, we're listening.

When are you available to volunteer? (List all times that apply. Prioritize 1=1st choice, 3=3rd.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How long do you plan to volunteer? (e.g., 1 year, 6 months, 1 quarter): _____

I understand that if accepted as a volunteer, I:

- *offer my services with a clear understanding that there will be no monetary compensation;*
- *agree to conform to Mather Pavilion's policies, procedures, and regulations;*
- *will satisfy any health screening requirements;*
- *will submit, if requested of me, references and/or appropriate school documentation; and*
- *certify that the information contained in this application is correct, to the best of my knowledge.*

_____ INITIAL – *I allow Mather LifeWays to use any photos taken of me or testimonials given by me for promotional purposes.*

Signature: _____ **Date:** _____