



SKILLED NURSING
REHABILITATION
INDEPENDENT LIVING

Volunteer Application:

CONTACT INFORMATION:

Name: _____ Date of Birth: _____

Home Address: _____
Street City State, Zip

Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name & Phone: _____

ABOUT:

Occupation or Studies? _____

Company / School: _____

Current Marywood University Student? _____ Yes _____ No

Why would you like to volunteer at Marywood Heights?

Past Volunteer Experience?

Have you ever been convicted of a felony? _____ Yes _____ No

VOLUNTEER PREFERENCES:

What times do you wish to volunteer? (Check all that apply)

_____ Mornings _____ Afternoons _____ Evenings

What days do you wish to volunteer? (Check all that apply)

_____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays

_____ Fridays _____ Saturdays _____ Sundays

What activities do you wish to volunteer for? (Check all that apply)

_____ One on One Visits _____ Group Activities _____ Spiritual Activities

_____ Arts & Crafts _____ Musical Activities _____ Bingo/Games

_____ Meal Service _____ Other (please specify)

Signature

Date