



## Helping Hands Volunteer Application

Please print:

**Name:** \_\_\_\_\_  
(Last) (First) (MI)

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone number:** ( ) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

**Phone number:** ( ) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Do you have previous volunteer experience?** [ ] Yes [ ] No

**If so, what type of volunteer work have you done and for what organization?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you volunteering to gain credit for a class?** [ ] Yes [ ] No

**If so, which course?** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Have you ever volunteered at or been employed by Wesley Village before?**

( ) Yes ( ) No **If so, when?** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Wesley Village has a multitude of volunteer opportunities. Please indicate what interests you may have when volunteering.** (check all that apply)

_____ Nail Care	_____ One on One Interactions	_____ Special Music
_____ Event Planning	_____ Bingo	_____ Office Work
_____ Grounds keeping/Gardening	_____ Resident Activities	_____ Other

Days and times that you are willing to commit as a volunteer:

**Days:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**Times:** \_\_\_\_\_

Referred by/learned about Wesley Village from: \_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a crime?** [  ] No [  ] Yes

*(Answering yes does not automatically prohibit service)*

If yes, describe in full: \_\_\_\_\_

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**Affirmation and Background Check**

I affirm that the information provided on this application is true and complete to the best of my knowledge. I understand that the information provided on this form is to be used only by Wesley Village for the purpose of its volunteer program.

I authorize the investigation of the information contained in this application which may include a background check or other screening if appropriate to the volunteer and program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Confidentiality Agreement**

Wesley Village must safeguard our residents right to privacy by treating and protecting all information as CONFIDENTIAL.

Therefore, I shall safeguard and treat as confidential, any and all information (whether acquired through verbal communication, written records or observations) regarding any resident of Wesley Village, which I receive through Wesley Village as a Volunteer.

I have read and understand this STATEMENT OF CONFIDENTIALITY.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Criminal background check completed and on file [  ] Yes [  ] No

Date criminal background check completed \_\_\_\_\_

This person has been cleared to volunteer with residents [  ] Yes [  ] No

Under the supervision of: \_\_\_\_\_