



OAKWOOD VILLAGE

Continuing Care Retirement Communities

OUR MISSION

Oakwood is a Lutheran church-sponsored organization whose mission is to serve older persons through loving, caring Christian communities responding to their physical, social, emotional, intellectual and spiritual needs, and to encourage a sense of independence, individuality, dignity, and worth throughout life.

ADULT VOLUNTEER SERVICES APPLICATION FORM

NAME: _____

LOCAL PHONE: _____ CELL PHONE: _____

LOCAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

CURRENT STATUS – Please circle one:

Student Seeking Employment Employed Retired Other: _____

CURRENT EMPLOYER: _____

OCCUPATION: _____ WORK PHONE: _____

EMERGENCY CONTACT – NAME: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

HOW DID YOU FIND OUT ABOUT OAKWOOD VILLAGE? (Please circle all that apply)

Friend School Website Radio TV Newspaper Walk/Drive By Other: _____

WHY DO YOU WANT TO VOLUNTEER AT OAKWOOD VILLAGE? _____

HAVE YOU VOLUNTEERED BEFORE? _____ IF YES, WHERE DID YOU VOLUNTEER AND WHAT DID YOU DO?

HAVE YOU WORKED WITH OLDER ADULTS BEFORE AS A VOLUNTEER OR EMPLOYEE? _____ IF YES, IN WHAT CAPACITY? _____

ACTIVITIES IN WHICH YOU PARTICIPATE: (Church, Scouts, clubs, sports, other): _____

DO YOU HAVE ANY HOBBIES, INTERESTS, OR SPECIAL SKILLS TO OFFER AS A VOLUNTEER? _____

IF YES, PLEASE DESCRIBE: _____

DO YOU HAVE ANY HEALTH PROBLEMS? _____

CHURCH AFFILIATION (Optional) _____

HOW OFTEN DO YOU WANT TO VOLUNTEER? ___ Once a month ___ A few times a month ___ Once a week

WHICH AREAS WOULD YOU LIKE TO VOLUNTEER IN AT OAKWOOD VILLAGE?

- | | |
|---|---|
| _____ Assist with resident group events/activities (crafts/bingo/etc.) | _____ Reception Desk Greeter |
| _____ Aviary Caretaking | _____ Pastoral Care |
| _____ Music Appreciation | _____ Art Therapy |
| _____ Clerical Assistance (filing/typing/copying/mailings) | _____ Music Therapy |
| _____ Pet Visitors (bring pet for visiting) | _____ Rehab Services |
| _____ Pharmacy (West) | _____ Village Store (West) |
| _____ Drivers (medical appointments/personal errands) | _____ Resale Shop (West) |
| _____ Gardening | _____ Oakleaf coffee/gift Shoppe (West) |
| _____ One-to-One Visitor with residents (conversation/reading/ letters/walks) | _____ Terrace Tea Room (West) |
| _____ Dining Room Assistants | _____ Village Mercantile gifts/grocery store (East) |
| _____ Daytime or Evening Events/Activities Escort | _____ Resident Council or Committees |
| _____ Beauty Salon Escort | _____ Oakwood Service League Board or Committees |
| _____ Religious Services Escort | _____ Oakwood Village Boards or Committees |

WHEN ARE YOU AVAILABLE TO VOLUNTEER? (Circle the days and times you are available and would like to volunteer)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 am-Noon	8:00 am-Noon	8:00 am-Noon	8:00 am-Noon	8:00 am-Noon	8:00 am-Noon	8:00 am-Noon
Noon-5:00 p.m.	Noon-5:00 p.m.	Noon-5:00 p.m.	Noon-5:00 p.m.	Noon-5:00 p.m.	Noon-5:00 p.m.	Noon-5:00 p.m.
5:00-9:00 p.m.	5:00-9:00 p.m.	5:00-9:00 p.m.	5:00-9:00 p.m.	5:00-9:00 p.m.	5:00-9:00 p.m.	5:00-9:00 p.m.

IF YOU WISH TO VOLUNTEER AS A DRIVER, DO YOU HAVE YOUR OWN AUTOMOBILE (required)?

YES NO

IF YES, DO YOU HAVE A VALID DRIVERS LICENSE AND VALID AUTOMOBILE INSURANCE (required)?

YES NO

****NOTE**** Oakwood Village carries liability insurance, but requires that all volunteers who transport residents in their vehicles maintain their own insurance policies. Your insurance policy is the primary coverage and Oakwood's is secondary.

HAVE YOU BEEN CHARGED WITH OR ARRESTED FOR AN OFFENSE, OR CONVICTED OF A CRIME?

YES NO IF YES, PLEASE EXPLAIN: _____

WHICH ETHNIC GROUP DO YOU IDENTIFY MOST CLOSELY WITH (optional)?

American Indian or Alaskan Native Caucasian
 Asian or Pacific Islander Hispanic
 African American Other _____

INFORMATION NEEDED FOR BACKGROUND AND/OR DRIVER RECORD CHECK:

MALE FEMALE BIRTHDATE: _____

REFERENCES (Please list two personal/professional references):

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

All of the above information is given freely and without reservation, and is true and correct to the best of my knowledge. I understand Oakwood Village Retirement Community may require a police/background check for volunteer applicants and I grant my permission for such a check. I understand that falsification of this application is reason for rejection or closure, and the placement of volunteers is at the discretion of Oakwood Village.

SIGNATURE: _____ DATE: _____

Volunteer: _____

Type: _____

Date of Interview: _____

Background/Reference Checks Completed: _____

Application Accepted: _____ Yes _____ No

ASSIGNMENT PLACEMENT(S):

NOTES:
