



254 Alexander Street
Rochester, New York 14607
Phone: 585-461-1991
Fax: 585-461-9833

Volunteer Application

Please Print:

Name: _____ Today's Date: _____

Address: _____ Cell Number: _____

City, St, Zip _____ Alternate Number: _____

Birthday _____ Email _____

Are you age 16 or older? • Yes • No

Do you need any accommodations made to carry out tasks? • Yes • No Can you push a wheelchair? • Yes • No

Have you worked with the elderly before? • Yes • No (Please describe) _____

Volunteer Position(s) desired: (Select all that apply)

- Life Enrichment Activities
 - Friendly Visitor
 - Administration/Office
 - Handyman/Landscaping
 - Group Volunteer Activity
 - Entertainment/Education (Please describe below)
 - Plan my own Fundraiser (Please describe below)
 - Other (Please describe below)
-
-
-

I am interested in volunteering: (Select all that apply)

- Weekly
- Monthly
- As needed (on-call)
- One-time opportunity
- Time limited (Indicate number of hours and end date) _____

Availability:

	<u>Sun.</u>	<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thurs.</u>	<u>Fri.</u>	<u>Sat.</u>
Morning:	•	•	•	•	•	•	•
Afternoon	•	•	•	•	•	•	•
Evening	•	•	•	•	•	•	•

-complete other side-

Volunteer Experience, please describe: _____

Work Experience, please describe: _____

Special Skills or Experience, please describe: _____

Person to notify in case of emergency:

Name: _____ Relationship: _____

Cell Phone: _____ Other Phone: _____

References:

1.) Name: _____ Phone: _____

Relationship to you: _____ Years Known: _____

2.) Name: _____ Phone: _____

Relationship to you: _____ Years Known: _____

Applicants Statement:

1. I agree to abide by the established rules and regulations set forth by Kirkhaven.
2. The information contained in this application is complete and accurate to the best of my knowledge.
3. I authorize Kirkhaven to contact any references for information.
4. I agree to provide proof of vaccination upon request.
5. I agree to maintain the confidentiality of resident and business information at all times.

I understand that certain volunteer positions require a criminal background check and I consent to said background check.

Signature: _____

Date: _____

