VOLUNTEER APPLICATION

Caregiver Respite Ministry
Covenant Presbyterian Church

Applicant Information:

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Preferred method of contact: _____

Do you have personal or professional experience with people living with dementia or other mild cognitive impairment: _____

_____

Why do you want to be a volunteer: _____

_____

_____

Education/Occupation: _____

_____

Hobbies/Special Interests: _____

_____

_____

Summarize your previous volunteer experience: _____

_____

_____

What is your availability? (days/times) _____

_____

In which areas are you interested in volunteering?

_____ Direct Care

_____ Music

_____ Arts/Projects

_____ Lunch preparation/serving

_____ Marketing/Social Media

_____ Writing

_____ Other: _____

_____

Please read the following carefully and sign that you understand and agree to the following:

1. Applicants must commit to complete training.
2. Applicant must read and adhere to policies and guidelines.
3. Applicants must submit to a criminal background check.

I agree to the above conditions to be a volunteer.
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Applicant Name: _____

Applicant Signature: _____ Date: _____

I give applicant permission and my support to be a volunteer.

Director Signature: _____ Date: _____