
West Park Manor Personal Care Home, Inc.

Volunteer Application Form

Date: _____ Email: _____

Name: _____ Phone No: _____

Address: _____

Language Spoken: _____

1. Why do you want to work as a volunteer in long term care?

2. Have you worked as a volunteer before? Yes No

Briefly describe your duties and name of organization.

3. Have you worked with the elderly before in any capacity? Yes No

If yes:

a. What did you enjoy about this experience?

b. What did you dislike about it?

4. What do you consider to be your strengths?

5. What do you consider to be your weakness?

6. What are your hobbies/skills?

7. Have you taken any courses or done any special training which will assist you in your volunteer work?

8. What do you know about the aging process?

9. If you have a vehicle, are you willing to use it for volunteer purposes?

10. How much time are you able to commit to volunteer work?

Days per week: _____ Hours per day: _____

12. Check the areas you are most interested in working.

- Friendly visitor Assisting with group activities Assist on outings
 Providing services which do not require direct involvement with residents

References: _____ Phone # _____

_____ Phone # _____

FOR OFFICE USE ONLY

Date of Interview: _____ Interviewed by: _____

Assignment: _____

Starting Date: _____ Duration of Commitment: _____

Date: _____ Signature: _____