

VOLUNTEER APPLICATION

Date _____

First Name

Middle Initial

Last Name

Street Address

City

State

Zip Code

Home Phone _____

Work Phone _____

Cell Phone _____

E-Mail _____

AREAS OF INTEREST

- Music and Memory**
Engaging residents with memory loss in music therapy.
- Bingo Buddy**
Escorting residents to and from bingo and assisting with playing and passing out prizes.
- Craft Helper**
Assist in simple and creative craft projects with residents.
- Decorator**
Assist with decorating the campus during holidays and special events.
- Game Day Helper**
Assist residents in playing games like dominoes, board games, bridge, euchre, and Wii bowling.
- Garden Box Helper**
Assist residents with planting, watering and weeding their garden boxes.
- Manicure Helper**
Assist our Wellness Department with clipping, filing, and removing/applying polish for residents.
- Party Hostess**
Assist our Wellness Department with setting up, serving and cleaning up at our parties, socials and family nights.
- Shopping Assistant**
Assist residents with their shopping needs.

- **Special Program**
Share your talents, hobbies or collections at a scheduled program.
- **Visitation**
Spend time with a resident one-on-one simply visiting or doing simple activities together
- **Computer Games/Assistance**
Assisting residents with computer use.

DAYS AND TIMES AVAILABLE (Please indicate the days and hours that you are available.)

Monday Time: _____

Tuesday Time: _____

Wednesday Time: _____

Thursday Time: _____

Friday Time: _____

Saturday Time: _____

Exception's *Example: I am only available the first and third Tuesday of the month..*

PLEASE LIST TWO REFERENCES

1. Name _____ Telephone _____

Address _____

City/State/Zip _____

Relationship to you: _____

2. Name _____ Telephone _____

Address _____

City/State/Zip _____

Relationship to you: _____

EMERGENCY CONTACT PERSON

First Name Middle Initial Last Name

Street Address

City State Zip Code

By signing this application, I agree that Hubbard Hill may use a photo, recording or motion picture of me volunteering for advertising, publicity, internet, intranet, television, and may make and use reproductions of such for marketing purposes.

SIGNATURE OF APPLICANT

Signature of applicant Date

SIGNATURE OF PARENT/GUARDIAN *(If applicant is under 18 years of age)*

Signature of parent/guardian Date

HUBBARD HILL RETIREMENT COMMUNITY
28070 C. R. 24 W. Elkhart, IN 46517
574-295-6260

Tim Henke, Wellness Coordinator/Volunteer Coordinator
thenke@hubbardhill.org
574-333-1026