



855 Aaron Drive
Lynden, WA 98264
360-354-4434
Chcclynden.org

"the tradition of caring continues"

Please print and complete each section.

Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

Email _____ Birth Date (Yr optional if over 18) _____

Emergency Contact _____ Phone _____

Relationship _____

Please check all that apply or interest you, so that we can select an appropriate volunteer position(s) and/or match you with residents who share similar interests.

- | | |
|--|---|
| <input type="radio"/> Board/card games | <input type="radio"/> Photography |
| <input type="radio"/> Music/singing | <input type="radio"/> Sports |
| <input type="radio"/> Sewing/quilting/knitting | <input type="radio"/> Gardening |
| <input type="radio"/> Manicures/beauty | <input type="radio"/> Outdoors |
| <input type="radio"/> Reception relief | <input type="radio"/> Travel |
| <input type="radio"/> Entertainment | <input type="radio"/> Letter writing |
| <input type="radio"/> Pets | <input type="radio"/> Reading |
| <input type="radio"/> Shopping | <input type="radio"/> Visiting |
| <input type="radio"/> Arts & crafts | <input type="radio"/> Mechanics |
| <input type="radio"/> Piano playing | <input type="radio"/> Farming |
| <input type="radio"/> Spiritual | <input type="radio"/> Other |
| <input type="radio"/> Flower arranging | <input type="radio"/> Escort residents on outings |

Feel free to expand about your specific area of interest:

Are you presently a volunteer? Yes/ No

If yes, where do you volunteer?

Church: _____

School: _____

Community: _____ Work: _____

Other: _____

Do you have experience working with the elderly?

What skills from previous experiences do you want to use as a volunteer? _____

Is there anything else you would like us to know as we consider your volunteer placement, i.e. "I like to take walks, I am a good listener," etc. _____

Days available:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____ Sunday _____

Time preference: Morning _____ Afternoon _____

Volunteer preference:

One on one visits _____ Small group activities _____ Large group activities _____

Volunteer statement:

I have read the volunteer information provided to me. I understand I will need to complete a background check in order to volunteer at Christian Health Care Center. I will do the best of my ability perform the duties of a volunteer by respecting the rights and privacy of Christian Health Care Center residents. I will comply with Christian Health Care Center's mission statement. If I have any questions or concerns, I will contact the volunteer coordinator.

Volunteer signature _____ Date _____

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To be completed by the volunteer coordinator:

Volunteer placement _____

Date of HIPAA orientation _____ Facility orientation _____

Start date _____ Today's date _____