



# Volunteer Application

Questions? Contact our volunteer coordinator at 360-354-4434.

Thank you for your interest in volunteering. Volunteers play a vital role in our community at CHCC, and we have many areas of opportunity for service.

After completing this application, background check and confidentiality agreement, please return it to the front desk. Our volunteer coordinator will contact you once your application has been processed.

## Contact information

Name: \_\_\_\_\_ Fully vaccinated for COVID-19? (Y/N): \_\_\_\_  
Address: \_\_\_\_\_  
Preferred phone number: \_\_\_\_\_ Best day/time to call: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Preferred days and times for volunteering: \_\_\_\_\_  
\_\_\_\_\_

## Volunteer opportunities

### Group program opportunities

Please check all that interest you:

- |   |   |
|---|---|
| <input type="checkbox"/> Arts and crafts          | <input type="checkbox"/> Holiday events |
| <input type="checkbox"/> Parties and celebrations | <input type="checkbox"/> Hymn sings     |
| <input type="checkbox"/> Cards and games          | <input type="checkbox"/> Bingo          |
| <input type="checkbox"/> Gardening                | <input type="checkbox"/> Trivia         |
| <input type="checkbox"/> Musical performances     | <input type="checkbox"/> Outings        |
| <input type="checkbox"/> Piano accompaniment      |   |

### Individual program opportunities

Please check all that interest you:

- |  |   |
|--|---|
| <input type="checkbox"/> One-to-one visits | <input type="checkbox"/> Reminiscing        |
| <input type="checkbox"/> Letter writing    | <input type="checkbox"/> Crossword puzzles  |
| <input type="checkbox"/> Reading aloud     | <input type="checkbox"/> Pet visits         |
| <input type="checkbox"/> Puzzles           | <input type="checkbox"/> Sacred Transitions |
| <input type="checkbox"/> Other _____       |   |

## Emergency contact

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Volunteer statement

Upon becoming a volunteer, I will to the best of my ability perform my duties by respecting the rights and privacy of the residents at the Christian Health Care Center. If I have any questions or concerns, I will contact the volunteer coordinator.

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_