



BrandmanCenters

FOR SENIOR CARE

VOLUNTEER APPLICATION FOR IN CENTER AND AT HOME VISITS

Thank you for your interest in becoming a volunteer. Please complete both pages of this application and return it to:
Karla Lopez, Volunteer Coordinator, 7150 Tampa Ave., Reseda, CA 91335 or fax to Karla Lopez at (818) 774-3248.

Name (Last, First, MI)	Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birthday (Mo/Day)
Address	Home Phone #	
City, State, Zip Code	Pager/Cell Phone #	
Employer	Work Phone #	
Occupation	Working Hours:	
Brief describe the type of work you do:		
Total number of hours per week you could be available for volunteering: <input type="checkbox"/> Daytime _____ <input type="checkbox"/> Evenings _____ <input type="checkbox"/> Weekends _____ <input type="checkbox"/> Other _____		
Level of Education: <input type="checkbox"/> High School <input type="checkbox"/> 2 Yr College <input type="checkbox"/> 4 Yr College <input type="checkbox"/> Post graduate		

Foreign languages spoken: _____

Religious Affiliation:

(Optional—this assists us in proper placement of our volunteers. We serve patients regardless of religious affiliation).

Catholic Protestant Jewish None Other _____

Personal Information:

How did you hear about us? _____

Why do you wish to be involved in the Brandman Centers for Center Care?

What organizations or clubs do you belong to?

Yes No Have you had experience with the frail and elderly population?

What do you like about yourself?

- Yes No Do you have available transportation for your volunteer work?
- Yes No Do you have a valid California driver's license?
- Yes No Do you have automobile liability insurance?
(Auto insurance is required if you use your car for work)
- Yes No Have you been convicted of a felony within the last 7 years?
(Conviction will not necessarily disqualify you from volunteering.)

List experiences you believe would be helpful to you in volunteering with seniors, i.e., schooling, work, volunteer experience, office skills, arts and crafts, etc.

Date	Type of Experience

Areas of Interest: (please check areas of interest)

- | | | |
|---|---|---|
| <input type="checkbox"/> Patient and/or family visits | <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Homemaking chores |
| <input type="checkbox"/> Relieve primary caregiver | <input type="checkbox"/> Read to patient | <input type="checkbox"/> Music/entertaining |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Write letters | <input type="checkbox"/> Sewing/crafts |
| <input type="checkbox"/> Shopping/run errands | <input type="checkbox"/> Computer work | |

Location Preference:

- Brandman Centers Patient Home

Personal References: (with phone numbers)

1. _____
2. _____

In Case of Emergency:

Name: _____ Relationship _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Ext. _____

Physician: _____ Office Phone:(_____) _____

APPLICANT SIGNATURE: _____ **DATE:** _____