

**M.D. of St. Paul Foundation  
Volunteer Application Form**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Doctor :** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Personal Health Number:** \_\_\_\_\_

**Do you have any health problems that we should be aware of ?**

\_\_\_\_\_

\_\_\_\_\_

**Please give some reasons for wanting to volunteer at our lodge.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are some of your special skills, hobbies, and/or interests?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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How much time in one week would you like to spend as a volunteer at our lodge?

1 hour     2 hours     3 hours     4 hours     5 hours     6 hours

**What would you be willing to do?**

- |  |  |
|--|--|
| <input type="checkbox"/> Typing/keyboarding      | <input type="checkbox"/> Cook with residents |
| <input type="checkbox"/> Group activities /games | <input type="checkbox"/> Gardening           |
| <input type="checkbox"/> One to one visits       | <input type="checkbox"/> Crafts              |
| <input type="checkbox"/> Bingo                   | <input type="checkbox"/> Seasonal decorating |
| <input type="checkbox"/> Special Events          |  |
| <input type="checkbox"/> Other _____             |  |

**Are you employed at this time?**     Yes     No

**State present /and or last employer:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Date of Employment:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Please list 3 personal references and how long you have been acquainted.**

1. \_\_\_\_\_ **Phone:** \_\_\_\_\_

2. \_\_\_\_\_ **Phone:** \_\_\_\_\_

3. \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_