



part of the
Jack Schaefer Retirement Community

BIRCHAVEN VOLUNTEER APPLICATION

(For ages 16 and up. Younger applicants will be considered on an individual basis.)

Name _____
 Address _____
 City, State, Zip _____ Preferred phone _____
 Email address: _____
 Emergency Contact: _____ Phone _____
 Education/Special Training _____
 Volunteer Experience _____
 Community Interests _____
 Hobbies/Skills/Special Interests _____
 Why would you like to volunteer at Birchaven Village? _____

Circle areas of interest: Gift Shop Taxi Driver (adults only) Mail Delivery Friendly Visitor
 Baking Buddy Assist with Activities Transporter (push wheelchair to/from various destinations)
 Clerical Work Greeter Desk (at Heights) Other _____

Indicate preference: ___ Direct resident contact ___ Little or No resident contact

Indicate Activity level:

___ can tolerate considerable walking/standing ___ can push a wheelchair or the mail cart
 ___ can tolerate a little walking/standing ___ would require a sitting position

Indicate availability:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							



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Personal /Professional References (excluding relatives)

Name _____ phone _____

Name _____ phone _____

Your signature indicates your approval for verification of references. Birchaven is NOT obligated to provide a volunteer position, nor are you obligated to accept the volunteer position offered.

Opportunities for volunteers are provided without regard to race, color, national origin, age, religion, sex, or disability.

The above information is accurate and correct to the best of my knowledge.

Volunteer Applicant Signature _____ Date _____

You may leave this application with the greeter or mail it to Birchaven attention: Ruth Ann Hahn.

The area below to be completed by the Volunteer Coordinator

Initial contact by volunteer coordinator: _____ Interview date and time: _____

____ Reference Check _____

____ Tour _____ Review Handbook _____ Hands-on Wheelchair safety

____ Confidentiality form _____ Badge picture _____ Review sign-in procedure

Assignment: _____

To report for duty on: _____ at _____

Notes: _____
