

Volunteering Interest Form



(First Name) (Last Name) (Middle Initial) Date: ____/____/____
(Birthdate)

(Street) (City) (State) Error! Bookmark not defined.

Phone: _____ E-Mail: _____

General Information

Emergency Contact:

(Name) (Relationship) (Telephone #)

Have you ever volunteered in an assisted living facility? Yes No

If yes, where? _____

Have you ever been convicted of a crime? Yes No

If yes, please provide identified offense and date(s):

Current Employer/School: _____

Volunteer Information

How did you learn about this volunteer opportunity? _____

Why do you wish to volunteer at an assisted living facility? _____

Is there an assisted living facility you would like to volunteer at? If so, list the name here: _____

Is this approved assisted living facility approved by Adopt-a-Mimi, Inc.? If not, and you would like Adopt-a-Mimi to consider approving them, please provide the name and contact information of a contact person at the assisted living facility _____

What previous volunteer experience do you have? _____

Do you have any prior experience working with individuals who have Alzheimer's disease or related dementia?

Yes No If yes where and with whom? _____

Do you prefer: Individual Activities Group Activities

What skills, interest or hobbies do you have? _____

Do you speak any other languages? Yes No

If yes, what languages: _____

Opportunity List

- | | |
|--|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Baking/Cooking |
| <input type="checkbox"/> Weaving/Knitting/Crocheting/Quilting/Sewing/Mending | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Letter foiling/stuffing/addressing/stamping | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Conversation/Visits | <input type="checkbox"/> Outings |
| <input type="checkbox"/> Puzzles or games | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Reminiscing |
| <input type="checkbox"/> Sharing Photos/interests | |

Availability

Days and hours you are available to volunteer (indicate A.M. or P.M.):

- Monday: _____ to _____ Tuesday: _____ to _____
- Wednesday: _____ to _____ Thursday: _____ to _____
- Friday: _____ to _____ Saturday: _____ to _____
- Sunday: _____ to _____

Personal References

1. Name: _____
 (First) (Last) (Middle Initial)
 Relationship: _____ Telephone: _____
 Address: _____

2. Name: _____
 (First) (Last) (Middle Initial)
 Relationship: _____ Telephone: _____
 Address: _____

Volunteer Terms of Agreement

GIFT ACCEPTANCE STATEMENT

I understand that as a volunteer at the assisted living facility I am not allowed to accept money including gifts or tips from any resident. We serve all residents equally and must graciously decline all gifts or tips. If the resident persists, I will refer the concern to the volunteer coordinator at the assisted living facility where the resident lives.

CONFIDENTIALITY STATEMENT

All residents have rights, including the right to privacy. As a volunteer you may learn confidential information about the residents. You must respect each resident's right to privacy by keeping these matters confidential. However, I should disclose applicable information to assisted living facility staff, police, physicians, hospital staff, nurses, EMTs if necessary in the case of an emergency or if doing so would be otherwise helpful in meeting the needs of the residents. Otherwise, I agree to keep all information pertaining to the residents to the assisted living facility confidential. If I have any questions about what information is confidential, I will ask the volunteer coordinator at the assisted living facility where the resident lives

VOLUNTEER AUTHORIZATIONS

I authorize Adopt-a-Mimi, Inc. to share this form and the information contained herein with a participating assisted living facility. I authorize Adopt-a-Mimi, Inc. and any participating assisted living facility to obtain information from schools, employers, listed references, or other individuals and institutions it contacts regarding the information I have provided on this form. I understand that an assisted living facility where I may volunteer will have its own volunteer screening process and may request additional information. I also understand that such assisted living facility will have its own guidelines that I must follow as a volunteer. Whether or not I am approved to volunteer at an assisted living facility is solely in the discretion of such assisted living facility and is no way in the discretion of Adopt-a-Mimi.

ADOPT-A-MIMI WEBSITE

I have read and I agree to the Terms of Use and Privacy Policy on the Adopt-a-Mimi Website (**www.AdoptaMimi.org**) as they may be amended by Adopt-a-Mimi, Inc. from time to time in its sole discretion. By signing below, my Parent/Guardian (if I am under the age of 18) also represents that he/she has read and agreed to the Terms of Use and Privacy Policy on the Adopt-a-Mimi website (**www.AdoptaMimi.org**), as they may be amended by Adopt-a-Mimi, Inc. from time to time in its sole discretion and hereby gives me permission to use the Adopt-a-Mimi Website.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS VOLUNTEERING INTEREST FORM IS TRUE AND ACCURATE.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If Volunteer is under 18 years of age)

Parent/Guardian Full Name: _____