

# Volunteer Application



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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Do you enjoy working with older adults? Y N Have you ever volunteered in a senior facility? Y N

If yes, where and when? \_\_\_\_\_

Do you have any friends or relatives residing at or employed by this facility? Y N

If yes, name(s) \_\_\_\_\_

How many hours can you give per day? \_\_\_\_\_ week? \_\_\_\_\_ month? \_\_\_\_\_

What days of the week are you available? S M T W T F S

What time of the day are you available? Mornings Afternoons Evenings

Do you have any special talents you would be willing to share with our residents? \_\_\_\_\_

\_\_\_\_\_

Are there any areas in which you prefer not to be placed or kinds of activities you prefer not to do? \_\_\_\_\_

\_\_\_\_\_

If given a choice, what would you like to do or where would you like to be placed? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed forms to:  
Michele Kipplen, Director of Life Enrichment  
Browning Masonic Community  
8883 Browning Drive  
Waterville, OH 43566



**Browning**  
Masonic Community, Inc.  
*The Trusted Partner to Help People Age Respectfully*

We are the living expression of our Masonic Obligation - we serve as the trusted partner to help people age respectfully: how they want, where they want.

