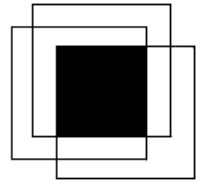


**Community Partners
Two Harbors Living at Home/Block Nurse Program
Volunteer Application**



PERSONAL INFORMATION

Name _____ **Phone** _____ **Date** _____

Address (City/State/Zip) _____

Sex Male Female **Age Group** 19 or under 20-39 40-59 60+ **Birthdate** __ / __ / __

Present Employer (if employed) _____ **Phone** _____

Former Occupation (if retired) _____

Emergency Contact Name _____ **Daytime Phone** _____

Relationship _____ **Address** _____

ADDITIONAL INFORMATION

1. What volunteer activities interest you?

- Friendly Visiting Telephone Visiting Shopping/Shopping Assistance
- Yard Work Minor Home Repair Transportation Assistance
- Meal Preparation Using Computer/e.mail Companion for Appointments
- Respite Care (assistance that allows caregivers a chance to take a break)
- Community Partners Board Work (fundraising, public speaking, etc.)
- Other (please specify) _____

2. When are you able to volunteer?

- Mon AM Tues AM Wed AM Thurs AM Fri AM Sat AM Sun AM
- Mon PM Tues PM Wed PM Thurs PM Fri PM Sat PM Sun PM

3. Do you have any physical limitations or health problems which will require special considerations or assignments? (please describe) _____

4. Please list any special skills, hobbies, and interests that could help in matching you with clients. _____

5. Do you presently serve as a volunteer? If so, please describe. _____

6. What previous experience or training do you have with senior citizens? _____

7. If you will be providing transportation, please complete the following:
 Driver's License Number _____ State Issued _____
 Auto Insurance Company _____ Policy Number _____
8. How did you find out about our volunteer program?
 Brochure Poster church bulletin Friend
 Newspaper Program Other (please specify) _____

REFERENCES

Please list the name of two references who can speak on your behalf:

1. Name _____ Relationship _____
 Address _____ Daytime Phone _____
2. Name _____ Relationship _____
 Address _____ Daytime Phone _____

I give Community Partners permission to check the references listed above.

Signature _____ Date _____

ADDITIONAL COMMENTS

Please add any additional comments you may have while we consider matching you with a program participant (i.e., smoking preference, etc.) _____

Thank you for taking the time to complete this application.
 If you have additional questions, please call Community Partners at (218) 834-8024.

Please Return Application To:
 Community Partners
 Bayview Terrace
 505 - 1st Avenue
 P. O. Box 327
 Two Harbors, MN 55616

For Office Use Only	
Date Interviewed _____	Volunteer Assignment _____
References Checked _____	Client Match _____
Orientation Done By _____	Date _____
Training _____	