



Volunteer Application

**6400 Cheyenne Trail
Plano, TX 75023
972-769-1109**



Volunteer Application Form

Name: _____ Date: _____

Address: _____

City State Zip Code

Phone: Daytime: _____ Evening: _____

Email Address: _____

Emergency Contact: _____
Name Phone

Are you 18 Years or Older? ____ Yes ____ No (If no, you must complete a "Minor" Form)

Are you volunteering for the purpose of fulfilling services hours? ____ Yes ____ No
(You are in charge of keeping track of your own volunteer hours)

Areas of Interest:

- _____ Assist with Group Programs
- _____ Arts & Crafts
- _____ Exercise
- _____ Parties/Special Events
- _____ Bingo
- _____ Letter Writing
- _____ Singing
- _____ Walking
- _____ Entertaining

- _____ One-to-One Activities
- _____ Reading
- _____ Active Games
- _____ Religious Programs
- _____ Manicures
- _____ Visiting, Conversing, Listening
- _____ Reminiscing
- _____ Table Games/Cards

Other: _____

Days & Times Available: _____

Personal References: _____
Name Phone

Name Phone

I, the undersigned, agree that the above statements and information are true and correct.

Signature

Date

Educational History

High School: _____

College: _____ Degree: _____

Employment History

Occupation:

Volunteer/Service Work

Why I want to Volunteer at DaySpring

Personal Qualities I can bring to DaySpring



Volunteer Confidentiality Statement

As a volunteer, I understand that federal law mandates to the facility the responsibility to protect its' residents and personnel from any unauthorized invasion of the individuals' right to privacy.

I understand that information concerning the residents and personnel shall be held in strict confidence and never discussed with anyone outside or inside the facility.

I understand it is the policy of this facility to respect residents, family and employees' right to privacy regarding their experiences in the facility.

I understand that all actual or incidental information about residents, families, employees, or facility functions to be kept in strict confidence.

As represented by my signature below, I promise to honor and respect the rights and confidences of the residents and personnel of this facility.

Signature

Date



Consent for Minor Volunteer

I, _____, Parent/Guardian of

_____, hereby give my consent for my son/daughter to participate in the volunteer program at DaySpring Assisted Living.

I understand that as a minor, my son/daughter will only be allowed to participate in group activities supervised by a Parent/Guardian or the Activities Director.

My son/daughter will provide _____ hours of service each week and will participate in the following activities:

In case of emergency, please contact:

Name

Phone

Name

Phone

Signature of Parent/Guardian

Date

