

# VOLUNTEER APPLICATION

<b>Personal information</b>				
Last Name	First Name	Middle Initial	Date	
Street Address			Home Telephone	
City	State	Zip	Business Telephone	
email:			Cell phone	
<b>Position</b>				
Volunteer interests: see last page	Date Available to Volunteer			
Hours/week want to Volunteer	Dates Available: (Check all that apply) Monday ( <input type="checkbox"/> ) Tuesday ( <input type="checkbox"/> ) Wednesday ( <input type="checkbox"/> ) Thursday ( <input type="checkbox"/> ) Friday ( <input type="checkbox"/> ) Saturday ( <input type="checkbox"/> ) Sunday ( <input type="checkbox"/> ) Have you ever applied with Wexner Heritage Village? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> ) If yes, give date _____ and position _____			
How did you hear about volunteering at Wexner Heritage Village? _____				
Names of any relative(s) or friend(s) working/volunteering for us _____				
<b>Educational Record</b>				
Education - Circle Highest Grade Completed	Course of Study	No. Years Finished	Did you Graduate	Diploma or Degree
1 2 3 4 5 6 7 8 9 10 11 12				
High School Attended and Location				
Vocational or Technical School Attending and Location				
College or University and Location				
College or University and Location				
Other (Include special training, military courses, apprenticeships completed and any other education you believe important)   				

**Employment/Volunteer Record (Begin with present or most recent employer)**

May we contact your present employer? Yes ( ) No ( )	From Mo./Yr.	To Mo./Yr.	What Were Your Major Duties and Title	Reason For Leaving	Highest Wage
1. Company Name					
Address					
Phone					
Name of Supervisor & Title					
2. Company Name					
Address					
Phone					
Name of Supervisor & Title					
3. Company Name					
Address					
Phone					
Name of Supervisor & Title					
4. Company Name					
Address					
Phone					
Name of Supervisor & Title					

**List Any Equipment You Are Qualified To Operate and Any Other Skills You Possess**


## GENERAL INFORMATION

What was your previous address:

How long at previous address:

Are you over 18 years of age?      Yes ( )    No ( )

If no, please state your age: \_\_\_\_\_

Have you ever been convicted of, or plead guilty or no contest to any of the crimes that would disqualify you from volunteering with older adults under Senate Bill 160? (Please see insert for list of disqualifiers)

Yes ( )    No ( )    If yes, please explain in full indicated date and state of occurrence.

## REFERENCES

Please list two people best qualified to comment on your related experience and or education.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

## PLEASE READ THIS SECTION AND SIGN AND DATE.

The information provided in this Volunteer Application is true, correct, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# WEXNER HERITAGE VILLAGE

## VOLUNTEER INTERESTS

Please mark area of interest:

Activities Assistant -Manicures anytime

Administration/Clerical Monday-Friday

Arts & Crafts Tuesdays and Wednesday mornings

Assist with Meals (breakfast, lunch or dinner - transporting, pouring coffee, etc)

Baking Holidays only

Bingo

2pm-3:30pm, Thursday 6:30-7:30, Saturdays 2-3:30(Saturday afternoon help is especially needed)

Birthday Parties second Wednesday of each month 2-3:0pm

Book Reviews

Clerical Work

Friendly Visitor always available

Gift Gallery open Sunday- Friday

Lunch in Community-Diner's out two times month on Tuesdays

Mail Delivery

Pet Visiting any day, except meal times

Reading to a Resident always available

Saturday Morning Sabbath Services  
transporting 9:40am-11:15am

Special Events/Parties on an on call basis

Transporting