

## Family Tree Volunteer Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

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

How did you hear about volunteering at Family Tree? \_\_\_\_\_

What days and hours are you available to volunteer? \_\_\_\_\_

Would you prefer to establish a regular schedule or be "call as needed"? \_\_\_\_\_

Which home/homes would you be willing to volunteer at? Hamburg Harrison

Would you prefer to volunteer for: Outings In home activities Other (office, library, etc.)

If you circled "other," what would you like to do? \_\_\_\_\_

If you circled "in-home activities," which are you interested in? Discussion groups Devotions

1:1 visits Pet visits Decorations Exercise groups Bingo Other Games \_\_\_\_\_

Parties/Family socials Entertainment/ Music Hobbies Other: \_\_\_\_\_

**Volunteering is a commitment! Our residents truly look forward to seeing you when you are scheduled. We understand that there will be times when you are not able to meet this commitment. YOU ARE EXPECTED TO NOTIFY THE HOME AS SOON AS POSSIBLE if this situation arises. Thank You!**

**Please read and sign:**

**I understand that any information I may obtain regarding any resident while volunteering at Family Tree will be kept confidential and shared only with Family Tree Staff.**

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

**If under the age of 18, parent must sign: I give permission for \_\_\_\_\_ to volunteer at the Family Tree facilities.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_