



Villa St. Benedict

1920 Maple Avenue – Lisle, IL 60532

VOLUNTEER APPLICATION

Name: _____ Date: _____
(Last) (First)

Current Mailing Address:

(Street) (City/State) (Zip)

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

- Adult Student Resident of Villa St. Benedict

If a student, please name high school or college: _____

How did you find out about our community? _____

Reason for volunteering (please check one):

- Desire to assist individuals in a health care setting on a regular basis
 Educational or employment reasons
 Community service requirement (number of hours needed: _____)
 For church
 For school
 Other (please specify): _____

What department or activity would you like to assist? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Resident Activities | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Dining Services | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Resident Visits | <input type="checkbox"/> Escort to activities |
| <input type="checkbox"/> Outings | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Groundskeeper |
| <input type="checkbox"/> Exercise Programs | <input type="checkbox"/> General Music |
| <input type="checkbox"/> Computer Work | |

List talents, skills and interests: _____

Available days and times (Please fill in any times available)

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evenings							
Dates							
Hrs/week							

In case of emergency, please notify:

Name: _____ Relationship: _____

Daytime phone: _____ Evening Phone: _____

Parental Permission (if under the age of 18 years old):

I understand and approve of the volunteer program and give my permission for _____ to volunteer at Villa St. Benedict.

Signature: _____ Date: _____

Relationship: _____

Have you ever been convicted of or pled guilty to a criminal offense in the last seven years?

No Yes If "yes," state place and nature of conviction:

Date of Conviction: _____ State of Probation: _____

Name of Probation Officer, if applicable: _____

Address: _____

Phone Number: _____

Note: A conviction does not mean automatic rejection. If you are on probation, we will contact your Probation Officer for a reference. You are not obligated to disclose sealed or expunged records of conviction or arrest.

Volunteer Agreement:

If chosen to volunteer in your community, I assume full responsibility for my activities. I understand that my volunteer work must be done in adherence to Villa St. Benedict policies and procedures. I agree to hold all information regarding the residents of Villa St. Benedict in strict confidence. If representing a volunteer group, I will supply Villa St. Benedict with emergency phone numbers for other volunteer group members.

Signature: _____ Date: _____

For office use only

Date Application Received: _____ Date Initial Contact Made: _____

Interview Conducted On: _____ Approval: Yes No

For approved applicants:

Confirmation Letter Sent: _____ TB Test Conducted: _____

Date CNA Registry Checked: _____ Results: _____ Initials of Caller: _____

Date Nat'l Sex Offender Registry Checked: _____ Results: _____ Initials of Caller: _____

Schedule Orientation Training: _____ Print Name Badge: _____

Completed All Training: _____