



# 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: \_\_\_\_\_