



Volunteer Application

Date _____

Name _____ Birth Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

Cell phone _____ Email _____

Please list your previous volunteer experience. _____

Why do you want to volunteer at Otterbein Senior Lifestyle Community? _____

Are you currently employed? NO YES If so, where? _____

What is your past occupation? _____

Please (X) the days and times you would like to volunteer:

	Sunday	Monday	Tuesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Education (highest level completed): High School College Post Grad MA Phd MD

Primary Language: _____ Other _____

Please list any physical or psychological limitations which might affect your volunteering: _____

Please (X) type of volunteer work you would prefer or interested in:

- | | |
|---|---|
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> One on One visits |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Greeter |
| <input type="checkbox"/> Group Activities | <input type="checkbox"/> Campus Shuttle transport |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Decorating for Holidays |
| <input type="checkbox"/> Office Help | <input type="checkbox"/> Activity Outings |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Baking |

I would like to work directly with residents. YES NO

Reference: _____

Relationship to applicant: _____ Phone number _____

I hereby give my permission for Otterbein Senior Lifestyle Choices to contact my personal reference for application for a volunteer position. I release you from damages arising from said information. All information will be considered confidential.

Signature _____ Date _____

Return to the Volunteer Director at 419-833-8936 or email: mkipplen@otterbein.org