

SILVERTHORNE ADULT DAY CENTER

Volunteer Application Date _____

Name _____ Date of Birth _____

Address _____

Telephone _____

Home

Cell

Other

Education _____

Day(s) of week and Hours available to volunteer _____

Do you speak a foreign language? Yes ___ No ___ If yes what language(s) _____

Do you play a musical instrument? Yes ___ No ___. What instrument do you play _____

Would you be willing to play at center?es ___ No ___

Do you like to read aloud? Yes ___ No ___ Do you like to sing? Yes ___ No ___

Would you prefer to work 1:1 _____ or with a group of participants _____?

Interest, hobbies or skills you may have _____

Check what you may be interested in helping staff/participants with:

___ Board Games

___ Cooking and Baking

___ Crafts

___ Wood Working

___ Entertainment

___ Gardening

___ Calling Bingo

___ Filing

___ Art projects

___ Kitchen clean up

___ Exercise group

___ Field Trips

___ Cards

___ Presenting Special interest (ie: hobbies, travel adventures)

Other _____

References (Name and phone)

1. _____

2. _____

Signature of volunteer applicant _____ Date _____

Signature of Parent/Guardian if a minor _____ Date _____

