



St. Clare Commons

A FRANCISCAN LIVING COMMUNITY

St. Clare Commons

12469 Five Point Road
Perrysburg, Ohio 43551

All of us at St. Clare Commons truly appreciate your willingness and desire to volunteer with our organization. We ask that any potential volunteering for our organization fill out and submit the following form prior to beginning volunteer hours. A background check is also required prior to volunteering, as you will be working directly with residents. This form will help us to make your volunteer experience the best it can be, and also give us an understanding of your schedule, talents and desires.

Name _____
Last First Middle

Telephone _____ **Email Address** _____

Current Address _____
Street

City State Zip

Volunteer Classification: Student Volunteer Resident Volunteer Community Volunteer Junior Volunteer
 Staff Volunteer Occasional/Seasonal

Are you 18 years of age or older? Yes No

Have you ever been convicted of a misdemeanor or felony? (this includes without limitation, pleading guilty, pleading no contest, or having a finding of guilty) Conviction is not and automatic bar to volunteer placement. Each case is reviewed on an individual basis.)

Yes No

If yes, please list: _____

Name(s) at the time _____ Date(s) _____ City, State _____

Type of offense(s) _____

In case of an emergency, contact: _____

Relationship _____ Telephone _____ Mobile _____

How were you referred to/hear about St. Clare Commons? _____

I have visited the St. Clare Commons website. Yes No

I have read and understand the St. Clare Commons Mission Statement. Yes No

I am interested in the following area(s):

- Regularly Scheduled Volunteer Hours:** This kind of volunteer would like to come in on a regular basis, working within their schedule. This volunteer will help with special events, 1-to-1 visits, activities, trips, etc. that are happening the day that they choose to volunteer.
Approximate number of volunteer hours per month: _____
- Helping with Activities when available:** This kind of volunteer does not have a set of a schedule – but rather will let the volunteer coordinator/activities director know when he/she is available for volunteering, and will set up those times prior to the time of volunteering.
- Special Events:** When special events occur, the volunteer coordinator/activity director would call the volunteers to assist with the special event – this kind of help can range from set up/tear down, using talents to lead activity, or perform (i.e. musical talents, dancing, etc.), or to help with the running of the event, in general.
- 1-to-1 visits:** Residents who do not attend at least 3 events per week will receive 1-to-1 visits to ensure that life enrichment occurs. Volunteers and staff will have access to a chart that explains what individual residents like, dislike, used to do, and other information to make the experience resident-focused and enjoyable for the resident.
- Regularly Scheduled Activities:** This volunteer option brings the volunteer to help with the implementation of regularly schedule activities such as bingo, crafts, and other leisure activities. If a volunteer has a particular talent (i.e. scrapbooking, photography, painting, etc.) he/she will have the opportunity to lead a class while working with the activities department to construct the class.

I am available the following days and times:

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____
- Sunday _____

I have the following talents/interests (please explain):

- Music _____
- Technology _____
- Arts/Crafts _____
- Exercise _____
- Other _____

Do you belong to or serve on any clubs, organizations or committees? *Please specify.* _____

Do you speak any foreign languages? If yes, please specify. _____

Please list any other hobbies or special interests here: _____

Past volunteer experience: _____

Special Skills - check all that apply:

- | | | | | |
|---|---------------------------------------|---|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Advertising | <input type="checkbox"/> Budget/Finance | <input type="checkbox"/> Business | <input type="checkbox"/> Database Management |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Legal | <input type="checkbox"/> Marketing | <input type="checkbox"/> Music |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Planning | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Research | <input type="checkbox"/> Spiritual Care |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Management | <input type="checkbox"/> Website/internet | <input type="checkbox"/> Writing/editing | <input type="checkbox"/> Other (please specify: _____) |

Please sign below to authorize that the information provided is correct, and that St. Clare Commons is authorized to process the information contained within this document.

Signature _____ **Date** _____