

VOLUNTEER APPLICATION



NAME _____

ADDRESS _____

HOME PHONE _____ CELL _____

E-MAIL _____

DAY & TIME PREFERENCE: (Agency Hours are 8:00 AM – 4:30 PM)

| | | | | | |
|---------|-------|-------|-------|-------|-------|
| | MON | TUES | WED | THURS | FRI |
| AM / PM | _____ | _____ | _____ | _____ | _____ |

COUNTY OF PREFERENCE: (please circle) CLARK FLOYD HARRISON SCOTT

VOLUNTEER OPPORTUNITIES: (we ask for a minimum commitment of 4 hours)

____ Nutrition Program (circle choice: Site Aide / Dial-A-Care (in partnership with RSVP)

____ Receptionist (answer phone, greet walk-ins, clerical assistance at Administrative Office)
Shifts available: 8:00 AM – 12:30 PM or 12:30 – 4:30 PM or SUB

____ Clerical (circle choices: Administration / Nutrition / Transportation/In-Home & PAS)

____ Long Term Care Ombudsman (visit nursing homes and distribute informational materials; observe general facility conditions & report resident issues to the Ombudsman for resolution)

____ Special Events (circle choice) **Senior Games** (late May-early June – 7 days of sporting events for senior citizens) / **Horseshoe Fundraiser** (September – Wine Tasting & Silent Auction) / **Senior Angel Tree** (November-December - gifts of clothing/toiletries for nursing home & homebound seniors & disabled)

____ CHOICE 2.0 Pilot Program (assist clients with **Housekeeping; Escort** – transport client to medical appointments/errands; **Handyman** - minor home repairs; **Respite** – sit with client while caregiver takes care of needs or visit shut-ins.)

SKILLS/EXPERIENCE _____

EMERGENCY CONTACT: NAME _____

RELATIONSHIP _____ PHONE _____

SIGNATURE _____ DATE _____

RETURN TO: Earlene Bennett, Volunteer Coordinator,
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