

Vermont Veterans' Home Volunteer Application

Applicant's Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Notify in Case of Emergency:

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Hobbies, Skills, Talents, Special Interests, Special Training (check all that apply)

Volunteer for: Outings Special Events Mail Distribution Letter Writing
 Calendar Activities Special Friend Activities of Daily Living 1:1

Special Skills and/or Training: _____

Hobbies/Special Interest: _____

Why do you want to Volunteer at the Vermont Veterans' Home? _____

What do you hope to gain from your experience with us? _____

Please tell us about your previous volunteer experiences, for how long, and your role: _____

Have you ever been arrested or convicted of crime? Yes No

If yes, explain: _____

Schedule Preferred

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Preferred time(s) to volunteer: _____

References

Please supply the contact information of two references (non-relatives)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

School Students

Name of School: _____ Grade: _____

If your school provides school credit, please attach/provide information on the school's requirements and a contact person.

Background Check Requirements

Anyone applying for a Volunteer Position is subject to a Vermont Adult and Child Abuse Registry Check, A Criminal Background Check, including finger printing, and an Office of Inspector General Medicare and Medicaid Fraud Exclusion Check. The cost of the background checks is covered by this facility.

I understand that any false answers or statements made by me on this application may be grounds for refusal of my offer of volunteer services.

Signature of Applicant: _____ Date _____

Signature of Parent/Guardian _____ Date: _____
If 17 years of age or younger

Parent/Guardian Phone Number (if not listed as emergency contact): _____

Activity Director: _____ Date _____