

VOLUNTEER APPLICATION



NAME _____

ADDRESS _____

HOME PHONE _____ CELL _____

E-MAIL _____

DAY/TIME PREFERENCE: (HOURS = MONDAY-FRIDAY 8:00 AM – 4:30 PM)

	MON	TUES	WED	THURS	FRI
AM	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____

VOLUNTEER OPPORTUNITIES:

- Nutrition Program (circle choice: Site Aide / Deliver Homebound Meals)
- Receptionist (answer phone, greet walk-ins, clerical assistance at Administrative Office)
Two shifts available: 8:00 AM – 12:15 PM or 12:15 – 4:30 PM
- Clerical (circle choice: Administration / Nutrition / Transportation)
- 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) Horseshoe Cake Off / Senior Games / Senior Angel Tree

SKILLS/EXPERIENCE _____

EMERGENCY CONTACT: NAME _____

RELATIONSHIP _____ PHONE _____

SIGNATURE _____ DATE _____

PLEASE RETURN TO: Earlene Bennett, Volunteer Coordinator
 LifeSpan Resources, Inc.
 P. O. Box 995, New Albany, IN. 47151-0995
 Phone: (812) 206-7904 or 1-888-948-8330 Ext. 7904
 Fax (812) 948-0147 E-mail: ebennett@lsr14.org