

# Volunteer Application

Thank you so much for your interest in volunteering with us!

At Connections, we are a permission-giving organization. This means we encourage you to explore your unique gifts and creativity to find a volunteer role that resonates with you.

After completing your initial training and orientation, you'll have the flexibility to create a volunteer schedule that suits you. This could include weekly one-on-one visits with residents, leading a group activity once a month that aligns with your talents, or helping residents get outdoors when the weather is nice.

If you're not sure where you fit, we'll happily assign residents for you to visit and provide any support you need to feel comfortable in your role.

Feel free to reach out anytime with questions or ideas. We look forward to working with you!

\* Indicates required question

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## Basic Information

1. Full Name \*

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2. Phone Number \*

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3. Email \*

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## 4. Address \*

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## 5. Date of Birth \*

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*Example: January 7, 2019*

## 6. Do you agree to participate in volunteer training, online, in-person, and at the care facility? \*

*Mark only one oval.*

☐ Yes

☐ No

## 7. How soon are you available to begin volunteer training? \*

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*Example: January 7, 2019*

8. Do you agree to abide by policies relating to disease prevention and privacy as specified by the facility? \*

(masking upon request, hand washing and sanitizing, maintaining privacy regarding health conditions of residents)

*Mark only one oval.*

☐ Yes

☐ No

### Experience & Skills

9. Please list any relevant experience \*

(healthcare, caregiving, working with elderly individuals, etc.)

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10. Please list any Certifications \*

(CPR, First Aid, Dementia Care Training,

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## 11. Special skills (music, art, storytelling) \*

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## Motivation &amp; Interest

## 12. Why do you want to volunteer at Brown County Health and Living? \*

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## 13. Any personal connections to dementia? \*

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## References

Please provide an email & phone number for each reference

14. Reference #1 \*

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15. Reference #2 \*

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### Emergency Contact

16. Name \*

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17. Relationship \*

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18. Phone \*

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### Signature & Date

I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document

19. Name & Date \*

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