GENERATIONS CENTRAL ADULT DAY CENTER

Volunteer Application

Date:_____

Volunteer Name:_____

Volunteer Address:_____

Volunteer Phone Number:_____

Volunteer Email:_____

1. Please list your experience working with the senior adult population either through formal work or on a volunteer basis?

2. What is your professional background?

3. What hobbies, skills, interests, or talents can you contribute to our activity program?

4. Please list days/times you are available to volunteer. Our hours are: Monday-Friday, 8am-4pm:

5. Please review the following volunteer job description and sign:

Volunteers from the community contribute to the variety and success of the therapeutic activity programs at Generations Central. Volunteers can assist or lead some of the following activities: sing-a-longs, games, trivia, lunch/snack, reminiscing, gardening, arts and crafts, exercise, and community presentations. Volunteers may assist with clerical duties and visit with the participants. Assisting with programs, friendly visiting, and individual attention are important ways that volunteers add to the program. Volunteer duties and responsibilities listed below:

Volunteers may provide assistance with day to day program operations which can include set up/take down of center equipment (tables/chairs), meal and snack preparation, assistance with clients during center activities/programming and other duties as assigned. Volunteers will not provide personal care assistance or assistance with medication management to any participants.

Volunteers must be willing and able to work with older adults with all ability levels. They should have a positive attitude, a nurturing and caring disposition, excellent listening skills, compassion, consideration and respect for others.

I have read and reviewed the Volunteer Job Description: _____

(Signature and Date)

Please return this form to:

Attn: Generations Central

318 S West Street

Culpeper, VA 22701

-or-

Email to: adultday@generationscentral.org

- For Office Use -

Interview Date:_____
Volunteer Training Date:_____
Background Check Received:_____
Comments:_____