



VOLUNTEER PROGRAM APPLICATION FORM (CONFIDENTIAL)

DATE: _____
LAST NAME _____ FIRST NAME: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP: _____
SOCIAL SECURITY #: _____ DATE OF BIRTH: ____/____/____
PLACE OF EMPLOYMENT: _____ PHONE # _____
CONTACT PERSON _____
ARE YOU A STUDENT? YES/NO. IF SO, WHERE: _____
IS THIS A CLASS REQUIREMENT? YES/NO. WHAT SUBJECT? _____
INSTRUCTOR NAME _____ PHONE # _____
ARE YOU PART OF AN ORGANIZATION? _____
ORGANIZATION NAME AND CONTACT PERSON _____
WHAT IS YOUR REASON FOR CHOOSING SUNRISE? _____
HOW MUCH TIME DO YOU DESIRE TO DEVOTE? _____
START DATE _____ FINISH DATE _____ ONGOING _____

Please share your interests, hobbies, and other information that you feel would benefit your volunteer experience: _____

PREVIOUS VOLUNTEER EXPERIENCE (WHERE HAVE YOU VOLUNTEERED AND WHAT DID YOU DO?)

Please check type of resident(s) you would like to work with:

Male Female
 Nursing Assisted Living Alzheimer's

Please check the areas that you would be interested in:

Dining Assistance (for resident's that cannot feed themselves)
 Transporting residents to and from activities and meals
 Activities such as: Bingo Reading to residents
 Friendly visiting Writing letters Manicures Arts/Crafts
 Taking residents outdoors (weather permitting) Other _____
 Yard work, snow removal, facility maintenance, etc. _____

STATE OF IOWA NON-LAW ENFORCEMENT RECORD CHECK REQUEST

I HEREBY GIVE PERMISSION FOR **SUNRISE RETIREMENT COMMUNITY** TO CONDUCT AN IOWA CRIMINAL AND/OR ABUSE HISTORY RECORD CHECK WITH THE DIVISION OF CRIMINAL INVESTIGATION. ANY INFORMATION MAINTAINED BY THE IOWA DIVISION OF CRIMINAL INVESTIGATION MAY BE RELEASED AND I UNDERSTAND THAT IT WILL BE **USED BY THE REQUESTOR (SUNRISE RETIREMENT COMMUNITY) FOR VOLUNTEER PURPOSES ONLY.**

SIGNATURE: _____ **DATE:** _____

Please return form to: Lorrie Stedman – Sunrise Retirement Community
5501 Gordon Drive – SC IA 51106 712-276-3821 ext 3144

Thank you for your interest in Sunrise!