

**Tree of Life Assisted Living
VOLUNTEER PROFILE**

Name _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

Referred by _____ Relationship _____

Time available to volunteer (hours per week or month) _____

Any preferred days or hours? _____

Summary of Work Experience (use the back of sheet if needed):

Prior Volunteer Experience:

What type of volunteer activities are you most interested in?

_____ Clerical

_____ Reception

_____ Visiting with tenants

_____ Assisting on outings

_____ Shopping with/for tenants

_____ Assisting with tenant activities/interests (please refer to the Activities and Interests form for ideas)

_____ Other _____

Why are you interested in volunteering at Tree of Life Assisted Living?

Are you physically able to perform the volunteer activities under consideration and free of any health condition that might create a hazard to tenants, staff or other individuals _____ Yes
_____ No

Volunteer Signature _____ Date _____

For office use only:

Note date conducted and any notes:

Interview: _____

Background check: _____