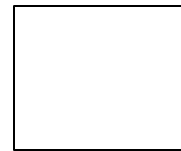


SCHOWALTER VILLA VOLUNTEER FORM



Name: _____ Phone: _____

Address: _____
Street Address City State Zip

E-mail: _____ Birthdate: (mo/da) _____

Emergency Contact

Name: _____ Phone: _____

Are you under the age of 18? YES or NO

Have you ever been convicted of any crimes in the past 10 years, including misdemeanors and summary offenses, which have not been annulled, expunged or sealed by the court? If yes, explain _____

How did you learn about us? _____

Please check all that may be of interest (*this does not lock you in to that particular activity*).

*Activities

<input type="checkbox"/> Bingo	<input type="checkbox"/> Music lead	<input type="checkbox"/> Music & Memory
<input type="checkbox"/> Coffee Hours	<input type="checkbox"/> Baking	<input type="checkbox"/> Crafts/Decorations
<input type="checkbox"/> Table games/Cards	<input type="checkbox"/> Exercise – lead	<input type="checkbox"/> Movies/Popcorn
<input type="checkbox"/> Joy Ride	<input type="checkbox"/> Child visits	<input type="checkbox"/> Wheelchair rides

*Spiritual Life Activities

<input type="checkbox"/> Morning dining room devotions	<input type="checkbox"/> Sunday School Lesson
<input type="checkbox"/> Music (singing or leading)	<input type="checkbox"/> Usher events in the Chapel
<input type="checkbox"/> Piano/organ for Chapel	<input type="checkbox"/> Volunteer Visiting (one-on-one)
<input type="checkbox"/> Worship leader (reading)	

*Front Desk

Administrative Tasks:

<input type="checkbox"/> Front desk/welcoming	<input type="checkbox"/> Photocopy projects
<input type="checkbox"/> Computer typing/input	<input type="checkbox"/> Temporary office help requests

*Library

<input type="checkbox"/> Library assistant	<input type="checkbox"/> assist residents with books
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***Dietary**

_____ Buffet dining (main)

_____ Buffet dining (healthcare)

***Maintenance**

_____ Gardening/Landscaping projects

***Choir**

_____ Villa Ladies Ensemble

_____ Men's Choir

***Villa Partners**

_____ Main Street Gifts

_____ Ice Cream Shoppe

_____ Quilting

***Fundraisers:**

Garage Sales (multiple times a year)

_____ Set up

_____ Pricing Items

_____ Work sale day

Villa Days (September):

_____ Bake sale

_____ Serving food

_____ Silent Auction

_____ Set up/Take down

_____ Where help is needed most

_____ Publicity

Villa Partners Board: (volunteer auxiliary of Schowalter Villa)

_____ Council Member

_____ **I am interested in volunteering, please contact me:**

_____ Anytime

_____ After this date _____

Availability: Please Circle

Day: Sun Mon Tues Wed Thurs Fri Sat

Time: _____ AM/PM

Return to Community Outreach Coordinator at 705 S. Main Suite 206, Hesston KS 67062 or

Contact Rachel Bucklin at rachelb@bluestemks.org or at 620-327-3497

Please read and understand this statement before signing your application:

I certify the information in this application is correct to the best of my knowledge. I understand falsification of fact or significant omission is grounds for disqualification from further consideration, or for dismissal as a volunteer of Bluestem Communities. I authorize Bluestem Communities to contact former employers, schools, and references to verify my previous employment/volunteer record, education, and personal information.

I have read and reviewed the volunteer handbook and agree to abide by the rules, regulations, policies and procedures of Bluestem Communities. I understand either Bluestem Communities or I may terminate the volunteer relationship at any time with or without cause and with or without notice.

I understand I may be required to submit and successfully complete a medical examination and tests at the expense of Bluestem Communities as a condition of volunteering.

I understand that Bluestem Communities is a tobacco free and drug free environment and volunteers are not permitted to use such substances at any of the facilities associated with Bluestem.

I understand that Bluestem Communities will conduct a pre-volunteer criminal background check. I hereby acknowledge this and authorize all parties and organizations this information Bluestem Communities requests relative to the background check process.

Signature _____

Date _____

