

St Benedict's Health Center
Volunteer Registration Form
456-7242 ext. 308

Name _____ Date _____

Address _____ Home Phone _____

_____ Work Phone _____

Birthday _____ Social Security Number _____

In case of emergency, please contact: _____

Home Phone _____ Work Phone _____ Church _____

Time Preference: Morning _____ Afternoon _____ Evening _____

Days of week preferred: M _____ T _____ W _____ Th _____ F _____ S _____ Sun _____

Please list any physical limitations you have: _____

What are your hobbies and special interest? _____

VOLUNTEER OPPORTUNITIES

- Accompany Residents on walks, rides, tours
- Adopt-a-Grandparent
- Assist with games
- Assist Residents to & from activities
- Baking
- Church activities
- Dining room assistance
- Coffee shop
- Discussion groups (men & women's)
- Entertainment: singing or playing an instrument
- Friendly visiting

- Gardening
- Grooming: hair & nail care
- Interpreter, language
- Letter writing
- Mending, sewing, ironing
- Mailings
- Office assistance
- Outings
- Reading groups
- Resident surveys/interviews
- Shopping
- Special events