

# VOLUNTEER QUESTIONNAIRE

## FAIRVIEW HAVEN

### CONTACT INFORMATION

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

Is email a good way to contact you? Yes  No

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

- I am interested in being a volunteer at Fairview Haven.
- I am not interested/able to be a volunteer at Fairview Haven at this time. (You need not complete the application)
- I currently volunteer at Fairview Haven in the following areas \_\_\_\_\_

### EXPERIENCE, INTERESTS, SKILLS

VOLUNTEER EXPERIENCE \_\_\_\_\_

HOBBIES & INTERESTS \_\_\_\_\_

SKILLS & ABILITIES (musical, clerical, computer, painting, etc.) \_\_\_\_\_

### AVAILABILITY

- I would like to be called/emailed as needed.
- I would like regularly scheduled volunteer hours/days.
- Monthly  Bi-weekly  Weekly  Daily

What days and times are you available to volunteer? Please enter "morning", "afternoon", "evening",  
specific hours, etc. on the days you can help out.

SUN	MON	TUES	WED	THURS	FRI	SAT

## TYPES OF VOLUNTEER WORK

Please check everything you would be interested in. Circle your top three choices.

### Maintenance

- Weeding
- Flower Gardening
- Snow Removal
- Room Painting
- Wheelchair Repairs

### Housekeeping

- Window Washing
- Spring/Fall Cleaning
- Carpet Cleaning

### Transportation

- Bus & Van drivers for appointments and activities
- Volunteer Nurse or CNA to accompany residents to appointments

### Dining Services

- Fill and pass water pitchers to residents' rooms
- Pass meal trays in dining room
- Provide home baked pies for pie day
- Wrap silverware

### Business

- Mailings
- Paper Shredding
- Phone Receptionist
- Resident Interviews

### Laundry

- Fold Towels
- Mending

### Entertainment

- Play the piano or other instruments
- Bring your musical/singing group to share

### Resident Visits

- Read to residents
- Visit/sit with residents
- "Adopt" a resident
- Bring in children
- Bring in a pet

### Activities

- Bake cakes for birthday parties
- Provide baked goods for bake sale
- Host a homemade meal for residents

### Help with the following events:

- Resident/ Family Potlucks
- Taste of Home Cooking Days
- Ladies' Banquet
- Balloon Lift-Off
- Cissna Park Picnic
- Camping Trip with other Apostolic Christian Homes
- Father/Son Cookout
- Annual Homemade Ice Cream Day
- Independence Day Cookout
- Wiener Roast
- Annual Benefit/Auction
- Christmas Cookie Baking
- Resident/Staff Christmas Supper
- New Year's Eve Party

### I understand that if accepted as a volunteer:

- I voluntarily offer my services with the understanding there will be no monetary compensation.
- I agree to conform to all policies, procedures and regulations.
- I will satisfy any health screening requirements.
- If requested, I will submit references and/or submit to a background check.
- I certify that the information contained in this questionnaire is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if age 17 or under) \_\_\_\_\_ Date \_\_\_\_\_