

Volunteer Information

Name:					Email:			
Address:	Phone:							
	Cell Phone:							
Birthdate: (Date	e/Mo.)							
What is the best	t way to cor	ntact you?	□ Ema	il 🗆 Phon	e			
Availability:								
	MON	TUE	WED	THUR	FRI	SAT	SUN	
MORNING								
AFTERNOON								
EVENING								
Low often do you	n nlon on w	alumtaarin	~9	•				
How often do you □ Weekly	i pian on ve		ery other m	onth	□ Year	rlv		
□ Monthly		\Box Qua			\Box As needed			
Opportunities: (7	The list helow	is not all inclu	(sive)					
\Box Administratic		\square Decorating			□ Pet Care/Visits			
\Box Arts & Crafts			\Box Gardening			\Box Reading		
□ Bible Study		\Box Lead Discussions			□ Sewing Group			
□ Bingo on We	□ Me	□ Men's Group			\Box Transport			
□ Board Games/Card Games □ Music					\Box Write Letters for Resident			
□ Board Games	□ Book Club □ Personal Visits			\$	Special Events & Parties			

How did you hear about The Beechwood Home?	
Please summarize any previous volunteer experience:	

Have you volunteered for BWH in the past? 🗆 No 🗆 Yes
If so, when? Department?
<u>Criminal Background</u> Have you ever been convicted of a felony or misdeameanor? No Yes
 You may exclude: a. Traffic violations for which the fine imposed was \$300 or less; b. Any offense which as finally settled in juvenile court or referred to the youth authority; c. Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged AND the case has been judicially dismissed.
If "Yes", please explain:

*** All volunteers will have a background check run via electronic fingerprinting performed on-site at The Beechwood Home.***

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I authorize BWH to verify any information relevant to my suitability as a volunteer. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal from any volunteer assignment.

Volunteer Participant Name (printed):		
Signature:	Date:	
Parental Consent (required of youth volunteers, ages 15-18):		
Parent/Guardian Name (printed):		
Signature:	Date:	

Thank you for considering volunteering at The Beechwood Home. For more information please contact Sarah Thomas, 513/842-0769 or sthomas@beechwoodhome.com.