

Piatt County Nursing Home
Volunteer Application Form

Volunteer (Individual or Group)

Name: _____

Address: _____ Phone: _____

Date of Birth (Month/Day): _____

What type of volunteer services would you like to provide: _____

List any special skills you can use in your volunteer work (cooking, entertainment, talent, social): _____

Are there any limitations on the type of volunteer work you can perform: _____

What days and times would be convenient for you: _____

Why did you choose Piatt County Nursing Home for your volunteer experience: _____

References

1.) Name: _____ Relationship: _____

Telephone/Email: _____

2.) Name: _____ Relationship: _____

Telephone/Email: _____

Emergency Contact Person

Name: _____ Relationship: _____

Telephone: _____

*Signature of Applicant: _____ Date: _____