



Volunteer Application Form

Name: _____

Address: _____ City: _____

Zip Code _____ Primary Phone Number: _____

Email Address: _____

Date of Birth (00/00 – Month and Day ONLY): _____

Valid Drivers License (for those interested in being a driver): YES or NO

Contact Person in case of an emergency:

Name: _____ Relationship: _____

Primary Phone Number: _____

Do you have family or friends that are residents of Piatt Co. Nursing Home YES or NO

Availability Information:

What days of the week are you available (place an X next to what works best for you)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

___ Saturday ___ Sunday

What hours would work best (place an X)

___ Morning (9am-11am)

___ Mid-Morning (11:am – 1:00pm)

___ Afternoon (1:00pm – 4:00pm)

___ Evenings (4:00pm – 6:00pm) occasionally

Signature: _____ Date: _____