

# Hearts and Hands Group VOLUNTEER APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Phone \_\_\_\_\_ Months usually lived in Ventana Lakes \_\_\_\_\_

Work Experience \_\_\_\_\_  
\_\_\_\_\_

Foreign Languages Spoken \_\_\_\_\_

Special Skills-Hobbies \_\_\_\_\_  
\_\_\_\_\_

Previous Volunteer Work \_\_\_\_\_

Current Volunteer Work \_\_\_\_\_

What Division(s) of the \_\_\_\_\_ interests you?

For current and future expansion of the \_\_\_\_\_ please check which of the following you would be willing to do:

\_\_\_ Friendly Visitors – Home: to check on progress post hospitalization or from loss

\_\_\_ Letter Writing for those with vision problems

\_\_\_ Calling on Hospitalized

\_\_\_ Relief for Care Giver for an hour

\_\_\_ Grocery Shopping for individual

\_\_\_ Transportation in your own car to MD, pharmacy, hospital, etc

\_\_\_ Grief Support - \_\_\_ individual \_\_\_ group setting

\_\_\_ Handyman

\_\_\_ Business & Legal Counseling (general, not **specific**)

\_\_\_ **Other** (list) \_\_\_\_\_

## **Volunteer Oath of Confidentiality**

I agree to keep confidential all information pertaining any residents I speak to or visit.. I agree not to divulge any information obtained in my service to unauthorized persons. I will participate in orientation sessions given by division leaders. I will also try to attend bi-monthly or monthly class session once they begin.

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