



REST HAVEN HOMES

1424 Union NE
Grand Rapids, MI 49505
616-363-6819

Volunteer Service Application

Volunteers are a special group of people and must be nurtured and recognized as an important part of Rest Haven. We recognize that a volunteer's time is a gift and that a sense of belonging and a meaningful position for volunteers is essential. Volunteers are provided opportunities and training to use and develop their God-given gifts, develop friendships, and gain a sense of worth from their service.

Personal Information:

Date:

File No.:

Name _____

First

Last

Address _____

Street

City

State

Zip

Daytime Telephone No.:(_____) ____ - _____

Who to contact in case of an emergency: _____ (_____) ____ - _____

Name

Phone

Have you ever been convicted of a felony, or have any felony charges pending against you? Yes No

If yes, please explain _____

Do you use tobacco products in any form (we do not hire tobacco users)? Yes No

Volunteer Experience:

1. Have you ever volunteered before? Yes No Where?

2. What were your volunteer duties?

3. Why do you want to volunteer at Rest Haven Homes?

4. List any important skills or experiences that you feel will help us find an appropriate placement. (Ex: bilingual Spanish/English, flower arranging experience, handyman skills, etc.)

5. List any additional special training you may have:

Availability:

Date available to begin volunteer service: _____

Length of volunteer service commitment:

- 1 month 2 months 6 months 1 year Other: _____

Times available:

- | | <input type="checkbox"/> Sun | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thurs | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat |
|------------|------------------------------|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|
| Mornings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evenings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How many hours per week are you available to volunteer? _____

Interests:

Check the volunteer services you are interested in providing (continues on the next page). You can indicate preferences by writing numbers next to your top choices (1, 2, 3, etc.). We will do our best to match you with your interests!

Housekeeping/Laundry

- Sewing
- Ironing
- Iron on name tags
- Mending
- Make/change beds
- Clean/straighten closets and drawers
- Folding, hanging, delivering laundered clothes

Nursing/Dietary

- Be a host/hostess for main dining room meals: 8:00am, 12:30pm, 6:00pm
- Be a host/hostess for Sat/Sun buffet: 7:45am-8:45am
- Assist with feeding at meal times in the small dining room
- Assist residents to dining rooms for meals
- Ice cream social help
- Tea party assistant
- Pass water to room

Maintenance

- Weed flower beds, prune bushes and trees, etc.
- Painting
- Window washing
- Various tasks

Activities

- One-on-one visiting
- Playing games
- Read to residents
- ↓ Share your gifts
 - Create and host an art class
 - Create and host a craft class
 - Give computer training for residents
 - Teach another type of class
 - Organize an exercise time
 - Organize a cooking class
 - Organize a field trip
 - Give a demonstration of your talent (music, singing, storytelling, juggling, etc.)
 - Create and host a literature circle or poetry circle
 - Show trip videos or slides
 - Share missionary stories from your experience
 - Pet therapy visitor (pet must be certified)
 - Massage therapist (must be certified)
 - Cosmetology volunteer (haircuts, etc. – must be licensed)

- Transport residents
- Take residents for walks in wheelchair (inside and outside)
- Gardening with residents
- Work on life story books/scrapbooks
- Sewing projects (pillow covers, etc)
- One-on-one Bible study

- Election assistant
- Event volunteer
- Server for funeral luncheons
- Mail assistant (mailings, delivery to residents)
- Administrative assistant (filing projects, etc.)
- Assist with seasonal decorating

Miscellaneous

- Shop for residents
- General transportation volunteer
- End of life volunteer

References:

Please list two individuals you have known in the last five years:

Name _____	Name _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Telephone (_____) _____ - _____	Telephone (_____) _____ - _____
Relationship to Applicant _____	Relationship to Applicant _____

The information contained in this application is true. I understand and agree that any misrepresentation or false statement by me in connection with the application will constitute sufficient cause for Rest Haven to terminate my volunteer service. I understand and agree that, if accepted as a volunteer, my volunteer status is for no definite period of time and may be terminated with or without cause, at any time, with or without notice and at will.

I understand and agree that all information furnished in this application may be verified by Rest Haven, I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Rest Haven all information relating to such verifications and hereby release such individuals, organizations and Rest Haven from any and all liability from any claims or damages resulting therefrom.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

(if applicant is under 18 years of age)