



THE WATERS

REFERENCES					
List two persons, who know you and are not related to you, who may be contacted					
	NAME	TITLE	BUSINESS	TELEPHONE #	YEARS KNOWN
1					
2					

ADDITIONAL VOLUNTEER RELATED INFORMATION
Where did you hear about our company and/or our volunteer opportunity? <input type="checkbox"/> Internet Site <input type="checkbox"/> Newspaper/magazine <input type="checkbox"/> Our Employee(s) <input type="checkbox"/> Other: _____
If referred by our employee(s), please list the name(s) of the employee(s):
Do you have any physical limitations or are you under any treatment which might limit your ability to perform certain types of work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

Volunteer's Signature	Today's Date
Parent/guardian signature for volunteers under age 18	Today's Date

Submit this Volunteer Application directly to the community of your choice or to the one of the following options:

Email to: hr@thewaters.com
 Or mail to: The Waters Senior Living
 Attn: Human Resources
 1600 Hopkins Crossroad
 Minnetonka, MN 55305