

VOLUNTEER APPLICATION

| PERSONAL INFORMATION | | | | | | |
|---|-----------|-------------|-----------------------------|--|--|--|
| First Name | Last Name | Middle Name | Date of Birth: | | | |
| | | | | | | |
| Street Address | | | Telephone Number: | | | |
| | | | | | | |
| City, State and Zip Code | | | Email Address: | | | |
| | | | | | | |
| Emergency Contact Name and Relationship: | | | Emergency Telephone Number: | | | |
| Have you previously volunteered with The Waters? | | | Date available to start | | | |
| | | | volunteering: | | | |
| □ Yes, Date(s): Location: □ No | | | | | | |
| Do you have a family member who lives at The Waters or a family member who works at The Waters? | | | If yes, who? | | | |
| □ Yes Location: □ No | | | | | | |
| Please list your availability to volunteer (check all that apply): | | | | | | |
| 🗆 Monday 🗆 Tuesday 🗆 Wednesday 🗆 Thursday 🗆 Friday 🗆 Saturday 🗆 Sunday | | | | | | |
| □ Mornings □ Afternoons □ Evenings □ Other | | | | | | |
| Commitment Level: | | | | | | |
| hours/ per day week month other | | | | | | |
| Length of commitment months indefinitely other | | | | | | |
| Why are you interested in volunteering at The Waters: | | | | | | |
| | | | | | | |
| | | | | | | |

INTEREST, SKILLS, AND EXPERIENCE

Please list areas of interest with our residents, skills, and if you have previous experience volunteering with seniors:



| 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? | | | | | |
| □ Internet Site □ Newspaper/magazine □ Our Employee(s) □ 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? | | | | | |
| | | | | | |

 \Box Yes \Box 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