



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Central Baptist Village! Please complete the following application.

Name: _____ Birth Date and Month (___/___)

Address: _____ City/Zip Code: _____

Phone Number: _____ Email Address: _____

How did you hear about Central Baptist Village? _____

Emergency contact name & number: _____

Please indicate the volunteer opportunities that interest you:

- | | |
|--|--|
| <input type="checkbox"/> Transporting residents to/from activities | <input type="checkbox"/> Delivering monthly activity calendars |
| <input type="checkbox"/> Taking residents outside | <input type="checkbox"/> Hosting a small- or large-group activity:
_____ |
| <input type="checkbox"/> Video calls | <input type="checkbox"/> Music related: sing or play an
instrument? _____ |
| <input type="checkbox"/> Reading to residents | <input type="checkbox"/> Lead a chair exercise |
| <input type="checkbox"/> Letter writing | <input type="checkbox"/> Helping a resident learn different
technologies |
| <input type="checkbox"/> One-on-one room visits | <input type="checkbox"/> Assisting with BINGO |
| <input type="checkbox"/> Men's group | <input type="checkbox"/> Mini manicures |
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Board and card games | <input type="checkbox"/> Visits with pets (certification required) |
| <input type="checkbox"/> Attending outings and shopping trips
(assist in pushing residents in a wheelchair) | |
| <input type="checkbox"/> Knitting/Crochet/Sewing | |

Please list any other hobbies, special skills, languages, and interests you have that you would like to use in your volunteer work: _____

Please indicate your availability for volunteering:



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	SUN	MON	TUES	WED	THURS	FRI	SAT
Morning							
Afternoon							
Evening							

Are there any limitations on the type of volunteer work you can perform?

Yes No If yes, please explain: _____

I understand that in order to volunteer I must be at least 17 years old. I understand that I need to bring my social security card and a state ID (or drivers license) to allow Central Baptist Village to conduct the required background check. I understand that I will complete a drug test and complete online educational modules.

Signature: _____ Date: _____

Thank you for completing this application. If you have any questions, please contact the Life Enrichment Coordinator at 708.583.8554.

Central Baptist Village
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Norridge, Illinois 60706
708.583.8500 www.CBVillage.org

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