



VOLUNTEER APPLICATION

Thank you for your interest in Central Baptist Village's Volunteer Program. Please complete this application. A member of our staff will contact you soon.

Date: _____

Name: _____

Address: _____

City/Zip Code: _____

Preferred Phone Number: _____

Email Address: _____

May we contact you via email? Yes No

Please provide a contact person for us to call in case of an emergency:

Relationship to You: _____

Name: _____

Address: _____

City/Zip Code: _____

Phone Number: _____

Email Address: _____

How did you hear about Central Baptist Village? _____

Central Baptist Village requires volunteers to be up to date with COVID vaccinations. Please list your vaccination information below and provide a copy of your vaccination card:

	Manufacturer	Date
1 st Dose		
2 nd Dose		
Booster #1		
Booster #2		



Please indicate your availability for volunteering:

	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: _____

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

Please indicate the volunteer opportunities that interest you:

- | | |
|---|---|
| <input type="checkbox"/> Transporting Residents to/from Special Events and Programs | <input type="checkbox"/> Clerical Assistance |
| <input type="checkbox"/> Personal Shopping | <input type="checkbox"/> Clerical Assistance in the Social Service Department |
| <input type="checkbox"/> Video Calls | <input type="checkbox"/> Hosting a Small or Large Group Activity (circle one) |
| <input type="checkbox"/> Assisting in Reading Mail | <input type="checkbox"/> Music Related: (explain below) |
| <input type="checkbox"/> Letter Writing | <input type="checkbox"/> Computer Club |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Helping a Resident Learn to Use Computer Programs/Apps |
| <input type="checkbox"/> Prayer Partners/Spiritual Life Program | <input type="checkbox"/> Assisting with Bingo Game |
| <input type="checkbox"/> Men's Group | <input type="checkbox"/> Facilitating a Reminiscence Discussion Group |
| <input type="checkbox"/> Creative Arts Programs | <input type="checkbox"/> Facilitating a Current Events Discussion Group |
| <input type="checkbox"/> Board Games | |
| <input type="checkbox"/> Assisting at Special Events | |
| <input type="checkbox"/> Intergenerational Programs | |
| <input type="checkbox"/> Attending Outings and Trip | |



I understand that pursuant to the Nursing Home Public Care Act 094-0163, my name will be checked in the following websites:

1. Illinois Department of Corrections
2. Illinois Sex Offender Registry
3. Illinois State Police

I am providing my Social Security Number and date of birth to allow Central Baptist Village to conduct the required background checks.

SSN: _____ DOB: _____

Signature: _____ Date: _____

Thank you for completing this Application. If you have any questions, please contact the Director of Life Enrichment at 708.583.8500.