



# Sauer Health Care

Bringing Quality and Comfort Together

## Volunteer Application

Information provided on this application will be used to help us find the most rewarding volunteer service for each individual. Please fill this out as accurately as possible.  
All information submitted will be kept confidential.

**Please Note:** State law requires that people who will provide services to children and vulnerable adults, in certain health and human service and child care settings, have a background study completed by the Minnesota Department of Human Services (DHS). **You may be asked to complete a background check with fingerprints prior to the start of your volunteer experience.**

**\*\*A TST test for tuberculosis screening will be required for volunteers working 5 or more hours a week\*\***

**\*\*\*Is this court ordered volunteer work? \_\_\_\_\_** If yes, we apologize but we are unable to accommodate your hours due to the vulnerable adults in our facility. We will run background checks on volunteers before they may begin volunteering.

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Current Employment/Experience

Currently Employed:  Yes  No

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Currently a Student:  Yes  No School: \_\_\_\_\_

Describe briefly any experience you have had with Nursing Homes or Older Adults:

\_\_\_\_\_

Previous Volunteer Positions: \_\_\_\_\_

**Volunteer Preference**

Availability:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

Morning  Afternoon  Evening

How many hours a week would you like to commit? \_\_\_\_\_

What are you most interested in assisting with while volunteering here at Sauer Health Care?

*Check all that apply*

- Resident Life:** Bingo, Cards, Ice Cream Pass, Cookie Cart, Sing Along, Parties and Events, Visiting, Cards, etc.
- Facility Helpers:** Sewing/mending projects, beauty shop or dining room attendant, filing or answering phones
- Green Thumbs & Building assistants :** Watering plants, gardens, decorating, painting
- Fundraisers:** Organizing or assisting with events which raise awareness of facility or raise money for special needs of the facility or residents

Other Special Skills or Interests:\_\_\_\_\_

Community Affiliations (church, clubs, etc.)\_\_\_\_\_

**Level of Supervision:**

- Independent (I would like to work independently, visiting with residents, creating my own volunteer schedule with proper notice or feel comfortable leading (alone or with other volunteers) resident activities.
- Minimal Supervision (I would like recreation staff to be available to answer questions, introduce me to residents, give direction of special projects, assist with activities)
- Complete Supervision (Recreation staff members would guide and assist my volunteer service each time. This applies for any volunteer under the age of 16)

Class Required Volunteer Service (only applicable if volunteer hours are required for school or university course)

School:\_\_\_\_\_

Class:\_\_\_\_\_

Teacher:\_\_\_\_\_ Hours Required:\_\_\_\_\_

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

Under 18 needs guardian signature: \_\_\_\_\_ Date:\_\_\_\_\_