



## Volunteer Intake Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

\_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.):

\_\_\_\_\_

Previous volunteer experience:

\_\_\_\_\_

I would prefer to volunteer at:

- 
- Gianna Homes: 4605 Fairhills Road East, Minnetonka, MN 55345
  - Gladys' Place: 10210 – 28<sup>th</sup> Avenue North, Plymouth, MN 55441
  - Either/ Both

Please indicate any of the following services you would be interested in providing:

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- |                                                           |                                                                |
|-----------------------------------------------------------|----------------------------------------------------------------|
| <input type="radio"/> Arts & Crafts                       | <input type="radio"/> Walks or strolls around the neighborhood |
| <input type="radio"/> Reading                             | <input type="radio"/> Garden / Flower maintenance              |
| <input type="radio"/> Socializing / Visits                | <input type="radio"/> Baking for residents and guests          |
| <input type="radio"/> Pet Visits                          | <input type="radio"/> Other _____                              |
| <input type="radio"/> Music – what type/instrument: _____ |                                                                |

What hours / days are you willing to volunteer? \_\_\_\_\_

Approximate hours / commitment per month? \_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Have you ever been exposed to TB (tuberculosis) or tested positive? (circle)    yes    no    I don't know

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How did you hear about us? \_\_\_\_\_

*NOTE: Gianna Homess will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

<p>A COPY OF VALID GOVERNMENT ISSUED/SCHOOL ISSUE I.D. or PHOTO I.D. MUST BE ATTACHED AND USED TO VERIFY INFORMATION.</p>
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