

**Grace Lutheran Foundation Volunteer
Information / Application**

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Occupation _____
Any Health Limitation _____
Reason for wishing to do volunteer work _____

Have you ever done volunteer work? _____
Where? _____

Schedule Preference:

_____ Morning	_____ Afternoon	_____ Evening
_____ Monday	_____ Tuesday	_____ Wednesday
_____ Thursday	_____ Friday	_____ Saturday _____ Sunday

Volunteer Activities of possible interest:

Assist with Group Programs

- ___ Arts and Crafts
- ___ Reminiscing
- ___ Exercise Group
- ___ Koinonia
- ___ Table Games
- ___ Chapel
- ___ Monthly Birthday Party
- ___ Special Events
- ___ Lets talk – Discussion group
- ___ Bus Outings
- ___ Bible Study
- ___ Trivia
- ___ Bingo
- ___ Baking Group
- ___ Current Events group

Independently Lead

- ___ Cards
- ___ Presentations
- ___ Men’s Club
- ___ Ladies Club
- ___ Musical Performances
- ___ Rosary

Provide 1:1 Visits

- ___ Conventional Visit
- ___ Letter writing/ reading

___ Current Events

- ___ Reminiscing
- ___ Table games/cards
- ___ Reading Aloud
- ___ Sensory Stimulation

Other

- ___ Deliver Mail
- ___ Create Wall Calendars
- ___ Make Door Decoration
- ___ Seasonal Decorating

Hobbies/Skills

Emergency Contact:

Name _____ Relationship _____
Phone _____
Volunteer Signature _____ Date _____
Parent/Guardian (as Needed) _____

