Guardian Angels
SENIOR SERVICES

Volunteer Application

Select your preferred location:

□ Care Center (Elk River)
□ By The Lake (Elk River)
□ Senior Dining (Elk River)
□ Riverview Landing (Otsego)
□ Engel Haus (Albertville)
□ Club GA (Elk River & Otsego)
□ Pullman Place (Elk River)
□ Woodbriar (Becker)
□ Housing / Apartments (Elk River)
□ Pine Cone Manor (Zimmerman)
□ Pine Tree Manor (Zimmerman)

VOLUNTEER NAME:

Name _____

Address_____

City_____ State _____ Zip _____

Phone _____ E-mail _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Phone _____ E-mail _____

EDUCATION:

Will you be receiving academic credit for your volunteer work? □ Yes □ No Current grade? _____

If so, please list school name. _____

ADDITIONAL INFORMATION:

What are your general areas of interest or hobbies? _____

List any clubs or organizations you are a member of. _____

Do you have any experiences with people with memory loss or physical disabilities? _____

_____

State why you wish to become a Guardian Angels volunteer. _____

_____

Have you served as a volunteer before? □ Yes □ No - If yes, where? _____

How did you learn about Guardian Angels Volunteer Program?

□ Friend □ Website □ Newspaper □ GA Staff member □ Other _____

VOLUNTEER OPPORTUNITIES: (Red indicates opportunities for both adult and student volunteers.)

_____Senior Companion Visit
_____Coffee Time Server & Visitor
_____Games - Card or Board
_____Baking Assistant
_____Coffee & Gift Shop (Care Center - must be 16 yrs.)
_____Manicures
_____Crafts Assistant
_____Friends of Guardian Angels Auxiliary (Care Center)

_____Music (play an instrument or sing)
_____Read to a Resident
_____Bingo Assistant
_____Gardening – Summer Months
_____Pet Therapy Visits
_____Resident Outings
_____Special Events: Misc. Job Duties
_____Transporter: To and from
Music Performances
Chapel Service

_____Other (specify) _____

_____

_____

AVAILABILITY:

Volunteers are an important part of the Guardian Angels Senior Services team! It is important for potential volunteers to take a moment to think about working with the senior population in a Skilled Nursing Facility. Dependability and consistency is an essential part of volunteering and your commitment is very important.

A minimum volunteer commitment of two visits per month is required.

Volunteer applicants will be interviewed for open volunteer positions that meet the needs of Guardian Angels residents and/or staff and the applicants' skills and availability. We want to make sure your volunteer placement is rewarding for you as well as our residents. Training is provided to make each volunteer comfortable and excited to be a Guardian Angels volunteer.

FREQUENCY: □ **Weekly** □ **Twice a Month**

Mon	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**
□ morning	□ morning	□ morning	□ morning	□ morning	□ morning	□ morning
□ afternoon	□ afternoon	□ afternoon	□ afternoon	□ afternoon	□ afternoon	□ afternoon
□ evening	□ evening	□ evening	□ evening	□ evening	□ evening	□ evening

ACKNOWLEDGEMENT:

"I understand that I may be exposed to confidential information as a volunteer for Guardian Angels Senior Services and that I am obligated to maintain the confidentiality of this information at all times, both during, and after volunteer hours. I also understand that as a volunteer I cannot legally assist with residents care and will notify designated staff member should such a situation arise. I will not hold Guardian Angels Senior Services responsible for injuries or accidents that may occur during my time as a volunteer."

"If I have not volunteered for three consecutive months, I understand that the Volunteer Coordinator will make two attempts to contact me. If I do not reply, I will be placed in inactive status and lose my volunteer privileges. My information will be kept on file for one year before being removed from the Volunteer Management System. If I choose to resume my volunteer duties at a later date, I will be subject to a new background study and must re-attend volunteer orientation."

Volunteer Signature_____ Date _____
By signing, I give my consent to conduct a criminal background study.

Parent or Guardian Signature _____ Date_____
Parent or guardian signature is required for student applicants, ages 14-17 yrs.

Please send completed application by mail or email to:

Guardian Angels Senior Services
Lynn Owens, Volunteer Coordinator
508 Freeport Ave. NW, Ste. A
Elk River, MN 55330
763-241-4460 | lowens@ga-er.org

Guardian Angels Mission Statement
Guardian Angels provides exceptional health care, housing and supportive services to seniors and their families in the spirit of Christ's love.

www.guardianangelsmn.org