

*Volunteer  
Opportunities*



*Rophe Healthcare  
Adult Day Service Center*

**APPLICATION TO VOLUNTEER**

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_  
(last) (first) (middle)

ADDRESS \_\_\_\_\_  
(if you have lived at above address less than 3 years list previous address)

\_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Person(s) to be contacted in case of emergency or illness:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Previous volunteer experience

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Opportunities:**

Program Assistant Volunteer \_\_\_\_\_ Clerical \_\_\_\_\_ Janitorial \_\_\_\_\_ Assist with meals \_\_\_\_\_

Activities Volunteer \_\_\_\_\_ Exercise/Dance leader \_\_\_\_\_ Arts/Crafts \_\_\_\_\_

One on One Companion \_\_\_\_\_ Musician \_\_\_\_\_

AVAILABILITY (Hours of Operation 8 am to 5 pm; List the time of availability)

Mon \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_

Thurs \_\_\_\_\_  Fri \_\_\_\_\_

**\*Rophe Services for Aging is an equal opportunity employer and provider.\***

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**EDUCATION:** Please circle highest grade completed.

Grades: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4

List special training; certificates, degrees completed.

1. \_\_\_\_\_

2. \_\_\_\_\_

**PERSONAL REFERENCES (other than relatives)**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Does Rophe Healthcare Adult Day Service Center Coordinator have your permission to check each reference that you have listed? \_\_\_\_\_.

**Health:**

Do you have any physical or mental condition(s) that could affect your volunteer commitment? \_\_\_\_\_

If so, please describe:

\_\_\_\_\_

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## COURT CONVICTIONS:

Have you ever been convicted of an offense(s) other than a minor traffic violation? If so, please list.

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All statements made on this application are true, complete and are correct to the best of my knowledge. I understand that false information may be grounds for rejection of my application and/or dismissal if I am approved as a volunteer.

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Signature of Applicant

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Date

*All volunteers who will work directly with senior clients must have a criminal background check.*