



St. Anne's Retirement Community

A Catholic-Centered Community Honoring All Faiths

VOLUNTEER APPLICATION

Date: _____

Name: _____ Phone: H: _____

Address: _____ W: _____
Street City State Zip Cell: _____

How Long at Present Address: _____ Email: _____

Previous Address: _____ How Long: _____
Street City State Zip

Birth Date: _____ Social Security #: _____

Person to be notified in case of emergency: _____

Address: _____ Phone #: _____
Street City State Zip

Relationship: _____

Education: _____

Work Experience: _____

Current Volunteer Experience: _____

Previous Volunteer Experience: _____

Hobbies, Skills, Special Interests: _____

Do you have a friend or relative working at St. Anne's? _____ If Yes, Name: _____

Personal References (Other than family):

Name Address Phone

Name Address Phone

Name Address Phone

Before volunteers are accepted, they will be required to have a criminal background check completed by the volunteer (form provided). They will also need to provide proof of a COVID vaccination and a negative PPD test for tuberculosis—administered by St. Anne’s at no charge).

I give permission to St. Anne’s to contact any listed person, school, business or volunteer places of services as reference sources and conduct the required criminal background investigation. I also give permission for my phone number and email to be utilized by St. Anne’s, including the Auxiliary, for the purpose of volunteering and fundraising events.

Signature

Date

In which of the following do you wish to serve? Please check your preferences along with the day(s) of the week preferred and hours available.

Activity Department Volunteer		M	T	W	Th	F	S	Time _____
Pastoral Care Volunteer		M	T	W	Th	F	S	Time _____
Friendly Visitor Volunteer		M	T	W	Th	F	S	Time _____
Auxiliary Gift Shop Volunteer	Sun	M	T	W	Th	F	S	Time _____
Good Samaritan Volunteer	Sun	M	T	W	Th	F	S	Time _____
Other: _____		Days _____						Time _____

My Commitment will be: _____ hours _____ summer hours only _____ winter hours only
_____ temporarily _____ ongoing _____ other

ARE THERE ANY ACCOMODATIONS YOU WILL NEED TO DO THE TASK WHICH YOU PLAN TO DO AS A VOLUNTEER? _____ If yes, explain: _____

The Volunteer Coordinator will have a conference with you concerning your needs for accommodations.

Church Affiliation (not necessary to answer): _____

COMMENTS: _____

Please write a paragraph on why are you interested in volunteering at St. Anne’s.

Signature