

# **Anchorage Pioneers' Home Volunteer Application Packet**



# Individual Volunteer Application

(Please print)

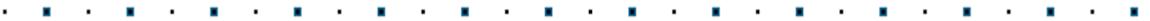
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Please see page 3 for persons under 18)



1. Why are you volunteering? What are your expectations?
  
2. What are you interested in doing as a volunteer?
  
3. Please list your previous experience (paid and volunteer):
  
4. Please list your special skills, interests, and training:
  
5. What days and hours are you available? What day can you start?
  
6. Are there any accommodations or special circumstances regarding you volunteering at the Anchorage Pioneer we should be aware of?

**References:**

- 1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
- 2. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Sworn Statement of criminal background**

Directions: Please initial only one of the following statements regarding your background.

I swear and affirm that:

\_\_\_\_\_ I have NOT been convicted of a felony or a misdemeanor.

\_\_\_\_\_ I have been convicted of a felony or a misdemeanor (Please attach an explanation of your conviction(s) and a copy of your judgment(s).

I swear and affirm that the information in this volunteer application is true and accurate.

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Signature of Volunteer Applicant

Date

**If individual volunteer is a minor under the age of 16, the minor must be accompanied by a parent or guardian at all times.**

**Responsibility of minor release:**

I accept full responsibility for my child/children listed here:

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While my child/children is/are present and volunteering in the Anchorage Pioneers' Home, I understand that nursing staff on duty are not available to provide medical treatment in the event of an accident or injury of my child. The Anchorage Pioneer Home will not be held liable.

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Parents signature

Date

For APH use only:	Date application received:
Date references checked:	Date background checked:
Dated confidentiality statement signed:	Date volunteer attended orientation:
Days and hours volunteer will be at APH:	Activities assigned to: