



Nottingham Village Nursing Center
Volunteer Application

60 NEITZ ROAD/ NORTHUMBERLAND, PENNSYLVANIA 17857
TELEPHONE (570) 473-8366

Name _____ Phone _____

Address _____

Present Age _____ Birth Date _____ School Attending
& Grade _____

Parents Name & Address _____ Phone _____

DO YOU HAVE A FRIEND OR RELATIVE EMPLOYED AT NOTTINGHAM YES NO
Their name & relationship to you _____

Department where they work _____

ABOUT YOU

What are your interests and hobbies?

Do you have previous volunteer experience? If so, please explain where and what you did.

Why do you want to volunteer at Nottingham?

Do you have any physical restriction? _____ If so, please explain:

Do you have a special talent or skill you would like to share with the Residents? Please explain!

YOUR SCHEDULE AND TIME AVAILABLE

What days of the week do you prefer? Mon. Tue. Wed. Thurs. Fri. Sat. Sun.

What time of day are you available for 2-3 hour shifts?

| | | |
|--------------|-------------|-------------|
| Morning | Afternoon | Evening |
| 9:30 - 12:30 | 1:30 - 3:30 | 5:00 - 7:00 |

Other - please be specific _____

Signature

Date

Do you have any handicaps or disability, which would substantially interfere with your ability to perform as a volunteer at Nottingham Village? Yes _____ No _____

If yes, describe the handicap or disability and explain the work limitations as it pertains to the volunteer service. _____

Personal References

_____ **Please No Former Employees or Relatives** _____

Name and Occupation

Address

Phone Number

- 1.) _____
- 2.) _____
- 3.) _____

In case of emergency or accident, list who you would like us to contact:

- 1.) _____
- 2.) _____
- 3.) _____

If I am selected to participate as a Volunteer at Nottingham Village, I agree to abide by the rules and regulations of the facility. (Do's...Don't...Duties)

DATE

SIGNATURE



PARTENT OR GUARDIAN, IF UNDER 18 YEARS OF AGE

ACTIVITY DIRECTOR