



Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail: _____

Highest level of school completed (check):

High School Bachelors Masters PhD

Are you currently employed? Yes No

Who is your employer? _____

What is your occupation/job? _____

Are you a student? Yes No

What school do you attend? _____

What grade are you in? _____

What are you studying? _____

How you first learn about volunteering with WorldShine Adult Medical Day Care Center?

Why do you want to do volunteer with us?

Services you can offer to WorldShine Adult Medical Day Care Center (please indicate below):

Translation: Chinese-English Vietnamese-English Written Oral

Tutoring: English Computer Music/Dance

Consultation: Health Legal Social Welfare

Please list other services that may help you to work with seniors:

Available day for volunteering (Please indicate below)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

History of Prior Work with Senior

List organizations other than ours in which you were involved in working with Adult or Senior.



Organization	Type	Describe Your Involvement (Adult or Senior)
_____	_____	_____
_____	_____	_____

Emergency Contact Information

If you have a medical condition for which you could use emergency contacts, please provide the following information:

Emergency Contact: _____ Relationship: _____

Emergency Contact Cell Phone: _____

Please identify your medical condition: _____

Please provide any special procedures to be followed: _____

Allergies: _____

Please provide your medical insurance here:

Safety & Security

The safety and security of adult is a primary objective for us. All information is held strictly confidential. Answering yes to any of the questions below may not necessarily preclude your involvement. Thank you for your understanding.

- Have you ever been hospitalized or treated for alcohol or substance abuse? Yes / No
- Have you ever been accused of, arrested for, convicted of, or are you currently under investigation for a criminal offense excluding minor traffic violations Yes / No

If you answered yes to any of the above questions, please explain:

It is important for the protecting the safety of our clients. Thus, it is required for us to inspect and conduct a background check on the applicant. Do we have permission to conduct a background check for you?

Yes No

Volunteer Signature : _____

Date : _____