



Fairmount Homes Retirement Community

Dedicated to Faith, Family & Community

Volunteer Application

Date: _____

Name: _____

Spouse's Name: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Emergency Contact Name and Number: _____

Do you have any history or have you ever been convicted of any violent crime(s), felony or misdemeanors, or have you ever been dismissed from employment due to abuse of clients or residents? _____ Yes _____ No

How did you learn about Fairmount Homes? _____

Have you ever volunteered in a retirement community before? _____ No _____ Yes

If yes, where and what did you do? _____

Which volunteer opportunities most appeal to you? _____

What schedule would be ideal for you? (Please check one.) _____ Flexible: no set schedule

_____ Weekly _____ Every other week _____ Monthly _____ Other

What time frame is ideal for you? (Please check one)

_____ Evenings _____ Mornings _____ Mid-days _____ Weekends

How much time would you like to volunteer? _____ Hour(s) per _____ week / month

When completed, please return to Carol Swailes, Volunteer Coordinator.