



Dear Sir or Madam:

Thank you for your interest in volunteering at Dove Healthcare. After completing the volunteer application, please fax it to my attention at (715) 552-1033 or drop off / mail at your convenience. If approved for volunteering, you will be contacted to schedule an orientation time. Feel free to contact me at 552-3953 ext.122 with concerns, comments, or suggestions.

Again, thank you for your interest in Dove Healthcare and I look forward to seeing you soon.

Cordially,

Kris Metcalf
Director of Activities

Dove Healthcare's Activity Mission Statement

Believing that each resident has a contribution to make to society, Dove Healthcare fosters and promotes resident independence based on his/her established capabilities, through an active treatment and activity program. The volunteer program's primary objective is to work toward the enrichment and enhancement of each individual's life through the addition of community interrelationship experience and events shared by volunteers.

The Eau Claire community is viewed as a vital link in extending quality services to our residents and families. Recruitment of volunteers of varied ages and backgrounds, on both a group and individual basis, is not meant to replace existing staff, but to reinforce the work of the professionals.

Community minded individuals will be offered the opportunity to find satisfaction in sharing their time and special talents with the elderly who make Dove Healthcare their home. Each volunteer is a link between the facility and the community and can aid in promotion of our progress, achievements and goals.

It is the role of Dove Healthcare's volunteer program to assist the volunteer, the resident, and the staff in every way possible to make these efforts rewarding and successful.

Dove Healthcare Volunteer Services Application

Name: _____ Date of Birth _____

Address: _____
Street City State Zip

Email: _____
(Optional)

Telephone Number: Day _____ Evening _____

Student: ____ Yes ____ No If yes where: _____

Occupation: _____ Where employed _____

In care of emergency notify: _____ Phone: _____

Reason for Volunteering: _____

Previous Volunteer Experience: _____

Time for volunteering: ____ S ____ M ____ T ____ W ____ Th ____ F ____ Sa ____ Morn ____ Aft
____ Even ____ Times need to be flexible

Number of Hours Required: _____

Skills, Education, Past Experience

<input type="checkbox"/> Arts	<input type="checkbox"/> Nursing
<input type="checkbox"/> Crafts	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Foreign Language (which) _____	<input type="checkbox"/> Secretarial/Clerical
<input type="checkbox"/> Gardening	<input type="checkbox"/> Sewing
<input type="checkbox"/> Knit/Crochet	<input type="checkbox"/> Singing
<input type="checkbox"/> Legal/Technical	<input type="checkbox"/> Teaching (area) _____
<input type="checkbox"/> Music	<input type="checkbox"/> Woodworking

Other: _____

Interested Areas of Service

<input type="checkbox"/> Bingo	<input type="checkbox"/> One-to-One Socializing
<input type="checkbox"/> Board Games	<input type="checkbox"/> Painting/Coloring
<input type="checkbox"/> Cards	<input type="checkbox"/> Read to Residents
<input type="checkbox"/> Croquet	<input type="checkbox"/> Sit Outside with Residents
<input type="checkbox"/> Lead Current Events Group	<input type="checkbox"/> Take Residents for Walks
<input type="checkbox"/> Lead Reminiscing Group	<input type="checkbox"/> Lead Sing-a-long

Other: _____

References:

1. _____
Name Address Phone

2. _____
Name Address Phone

Signature _____ **Date** _____