



APOSTOLIC CHRISTIAN
LifePoints

Volunteer Application

Date ____ / ____ / ____

Name _____

Address _____

Phone _____ Email _____

Date of Birth *(optional if between 40-70)* _____

Driver's License Classification _____

Residents or staff you may know _____

Physical or other limitations we should be aware of when making assignments:

I wish to volunteer: *(Check your preferences)*

Days of the week: SU M TU W TH F SA

Frequency:

_____ Twice Weekly

_____ Weekly

_____ Every 2 Weeks

_____ Other (please specify)

Time of day:

_____ Morning

_____ Afternoon

_____ Evening

Length of time:

_____ 1 - 2 hours

_____ 2 - 3 hours

_____ 3 - 4 hours

Length of time you are considering volunteering:

1 week _____ 1 month _____ several months _____ other _____

Why are you interested in volunteering at Apostolic Christian Lifepoints:

We do not need references for short term volunteers who are supervised. If you will be volunteering more than a week we would like references.

References: *List 2 individuals whom you have known at least 1 year (preferred: work supervisor, clergy, or teacher)*

1. **Name** _____ **Phone** _____
Address _____
Email _____ **Association** _____

2. **Name** _____ **Phone** _____
Address _____
Email _____ **Association** _____

... by love serve one another. Galatians 5:13

Please check any of the opportunities to serve in which you are interested in volunteering.

Facility Preference: Timber Ridge____ Oakwood____ Linden ____ CILAs____ Any____

Maintenance: assist with ongoing maintenance or special projects

- ____ Landscaping
- ____ Lawn Care
- ____ Cleaning Vehicles
- ____ Deep Cleaning
- ____ Washing Windows
- ____ Painting
- ____ Fixing/ Maintaining Bikes
- ____ Other Maintenance _____

Homemakers: primarily at group homes

- ____ Light Cleaning
- ____ Deep Cleaning
- ____ Sewing- mending or adapting items (Can be done in your home)
- ____ Other homemaking tasks _____

Office Volunteers:

- ____ Answering phones
- ____ Preparing mailings
- ____ Filing
- ____ Other office tasks _____

Activity Volunteers:

- Spend 1 on 1 time with a specific resident
- Reading with residents
- Lead or assist with a small group activity
- Assist with Monthly Birthday Parties or special events
- Entertainment- Music, puppets, skits, poetry, comedy, demonstrations, exercise,
- Assist residents off buses and into building after work
- Pushing individuals in wheelchairs to and from activities, on outings, or outside for walks
- Taking residents for walks or bike rides outside
- Styling hair or manicures
- Assist residents with phone calls or letter writing
- Bring pets to visit
- Assist residents in making holiday gifts or cards
- Lead Sunday School, Bible Studies,
- Prep for Crafts
- Other Activity ideas _____

Helping Hands Volunteers:

- Assist a staff person taking residents to doctors appointments
- Serve refreshments
- Assist residents during meals
- Other "hands on" duties _____

Skills or interests which will be helpful in volunteering:
