



MISSOURI VETERANS COMMISSION
 MISSOURI VETERANS HOME
VOLUNTEER APPLICATION

GENERAL INFORMATION

NAME		SOCIAL SECURITY NUMBER		DATE OF BIRTH	
ADDRESS		CITY		STATE	ZIP CODE
HOME TELEPHONE		CELL TELEPHONE		EMAIL ADDRESS	
TYPE OF VOLUNTEER <input type="checkbox"/> Adult <input type="checkbox"/> Junior <input type="checkbox"/> Group <input type="checkbox"/> Other _____				GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
HAVE YOU EVER WORKED FOR THE STATE OF MISSOURI? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, reason for leaving.					
HAVE YOU HAD ANY CRIMINAL CONVICTIONS OTHER THAN PARKING? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain.					
LIST HOBBIES, INTERESTS, MUSICAL TALENTS					
DAYS AND TIMES AVAILABLE TO VOLUNTEER					

TYPE OF VOLUNTEER WORK INTERESTED IN (CHECK AREAS YOU WOULD PREFER)

<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Reading
<input type="checkbox"/> Bingo	<input type="checkbox"/> Sewing/Mending
<input type="checkbox"/> Canteen	<input type="checkbox"/> Wheel Chair Transport
<input type="checkbox"/> Card Games	<input type="checkbox"/> Pastor/Priest
<input type="checkbox"/> Clerical	
<input type="checkbox"/> Companionship/One-On-One	HOME SPECIFIC
<input type="checkbox"/> Computers	(Not available in all homes)
<input type="checkbox"/> Field Trips	<input type="checkbox"/> Barber Aide
<input type="checkbox"/> Gardening Flowers	<input type="checkbox"/> Dietary Services
<input type="checkbox"/> Holiday Decorating	<input type="checkbox"/> Dining Room Assistance
<input type="checkbox"/> Letter Writing	<input type="checkbox"/> Folding Laundry
<input type="checkbox"/> Mail Delivery	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Shopping	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Entertainment/Dancing	<input type="checkbox"/> Van/Bus Driver (requires copy of drivers license)
<input type="checkbox"/> Special Events/Parties	

IN CASE OF EMERGENCY, NOTIFY:

NAME	RELATIONSHIP	TELEPHONE NUMBER
------	--------------	------------------

Background checks may be performed including personal references and the use of the Missouri Department of Health and Senior Services - Employee Disqualification List (E.D.L.). The E.D.L. is a listing of individuals who have been banned by the State of Missouri from working in a long-term healthcare setting. The Missouri Veteran Commission uses this list for reference in volunteer selection. Relevance to assignment will be considered. Submission of this form to the Missouri Veterans Home Office of Volunteer Services indicates that I understand that I am not an employee of the Missouri Veterans Home and that any duties I perform will be as a volunteer. I agree to abide by the Policies and Procedures set forth by the Missouri Veterans Home for my assigned duties. I also agree to update this form as needed. I agree to uphold Residents Rights and Confidentiality Policies of the Missouri Veterans Home. (If I am an employee of the Missouri Veterans Home, I acknowledge and understand that I may only perform Volunteer activities which are not the same as my duties as an employee.

SIGNATURE	DATE
-----------	------