



INSTRUCTIONS

Please complete this form in its entirety and read the Volunteer Agreement before signing. Submit the completed form to the Volunteer Coordinator.

NAME	SSN	DATE OF BIRTH
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ADDRESS	CITY	STATE	ZIP
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TELEPHONE	EMAIL ADDRESS	TYPE OF VOLUNTEER <input type="checkbox"/> ADULT <input type="checkbox"/> JUNIOR <input type="checkbox"/> OTHER
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HAVE YOU EVER WORKED FOR THE STATE OF MISSOURI?
 YES NO IF YES, REASON FOR LEAVING

HAVE YOU EVER HAD ANY CRIMINAL CONVICTIONS?
 YES 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)

ARTS & CRAFTS BINGO CANTEEN CARD GAMES CLERICAL COMPANIONSHIP/ONE-ON-ONE
 COMPUTERS ENTERTAINMENT/DANCING FIELD TRIPS GARDENING/FLOWERS HOLIDAY DECORATING
 LETTER WRITING MAIL DELIVERY SHOPPING SPECIAL EVENTS/PARTIES READING
 SEWING/MENDING WHEELCHAIR TRANSPORT PASTOR/PRIEST

HOME-SPECIFIC (NOT AVAILABLE IN ALL HOMES)

BARBER AIDE DIETARY SERVICES DINING ROOM ASSISTANCE FOLDING LAUNDRY RECEPTIONIST
 VAN/BUS DRIVER (REQUIRES COPY OF DRIVERS LICENCE) OTHER

IN CASE OF EMERGENCY NOTIFY:

NAME	RELATIONSHIP	TELEPHONE NUMBER
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Background checks will be performed, to include checking personal references, and we will check to see if your name appears on 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. Relevance to the 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 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 the Veterans Rights and Confidentiality Policies of the Missouri Veterans Home. (If I am also an employee of the Missouri Veterans Home, I acknowledge and understand that I may only perform Volunteer activities that are not the same as my duties as an employee.)

SIGNATURE	DATE
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OPTIONAL

Have you ever served on active duty, in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? YES NO

Would you like to receive information and assistance regarding Veteran benefits and services? YES NO

May the facility share your contact information with the other Missouri Veterans Commission programs to provide such information? General information may also be found on the Missouri Veterans Commission's website (<https://mvc.dps.mo.gov>). YES NO