Angel Vision Bonifay

Volunteer Application

"Love All, Serve All."

Thank you for your interest in volunteering with Angel Vision Bonifay. Please complete this application in full. A member of our team will contact you regarding available opportunities.

Personal Information

Full Name:	
Date:	
Address:	
City / State / Zip:	
Home Phone:	**Cell Phone:**
Email Address:	
Date of Birth:	**Occupation:**

Availability

Days available (check all that apply): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Preferred time of day: ☐ Morning ☐ Afternoon ☐ Evening

How often would you like to volunteer? ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Special events only

Areas of Interest

Please check the activities you would be interested in helping with:

☐ Arts, crafts, and creative activities

☐ Music, singing, and entertainment

☐ Reading and storytelling

☐ Friendly visits and companionship

☐ Games and recreational activities

☐ Gardening and simple outdoor activities

☐ Birthday celebrations and special events

☐ Writing cards and letters

☐ Activities that encourage social interaction

☐ Community events and resident programs

☐ Other (please specify): _____

Angel Vision BONIFAY ASSISTED LIVING FACILITY A Place to Feel at Home, Surrounded by Care

Experience & Motivation

Do you have any prior volunteer or caregiving experience? If so, please describe:

_____

Why would you like to volunteer with Angel Vision Bonifay?

_____

Emergency Contact

Name:	**Relationship:**
Phone Number:	**Alternate Phone:**

References

Please provide one personal or professional reference (not a family member):

Name:	**Phone Number:**
Relationship:	

Screening & Agreement

Resident safety is our highest priority. By signing below, I acknowledge that I may be required to complete a background check, orientation, and any other screening or documentation required by Angel Vision Bonifay before volunteering. I agree to follow all policies and procedures of Angel Vision Bonifay while volunteering.

I certify that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature:	**Date:**

Angel Vision
BONIFAY
ASSISTED LIVING FACILITY
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