



Como Park Falcon Heights

Living-At-Home Block Nurse Program | (651) 642-1127

Volunteer Application

Name _____

Address _____

Phone _____ Email _____

Most seniors prefer meeting during the day (10:00 am – 5:00 pm).

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Times available							

How many hours are you able to volunteer? _____ per month

What are your hobbies, interests, or favorite activities?

Other special skills (languages, home repair, gardening, tech skills, juggling)

Do you prefer volunteering with a ___ male ___ female ___ no preference

I am interested in volunteering as a ___ Friendly Visitor ___ Driver

___ Gardener ___ Exercise Partner ___ Grocery Shopper ___ Respite

Volunteer Agreement

The Como Park Falcon Heights Living at Home Block Nurse Program agrees:

- To provide a Volunteer Coordinator who will arrange all necessary orientation, training and supervision for the volunteer position.
- To change the volunteer assignment or add new duties only by mutual agreement between the Volunteer and the Volunteer Coordinator.
- To keep an account of volunteer hours, review performance on a regular basis and provide a letter of reference when requested.

The Volunteer agrees:

- To maintain confidentiality and respect client privacy at all times.
- To dispense no medication or provide "hands on" care.
- To accept no gifts worth more than \$5.00, nor enter into any arrangement with the client which might be to your financial benefit.
- To attend orientation and to become familiar with the Living at Home/Block Nurse Program policies and procedures.
- To maintain a record of volunteer time and submit monthly.
- To notify the Volunteer Coordinator of extended leave or resignation.

Signature of Volunteer

Date

Signature of Volunteer Coordinator

Date