



Southminster Volunteer Information Sheet

TODAY'S DATE: _____

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Home phone: _____ Work phone: _____ Cell: _____

E-mail Address: _____

Do you represent an organization? Yes/No. If Yes, which one?

(i.e.: School, church) _____

Previous/Current Work Experience: _____

Previous Volunteer Experience: _____

Please describe any hobbies/talents you would like to share with our residents.

Experience working with older adults: ____Yes ____No

What times do you prefer to volunteer? (Circle Below)

*Weekdays: M T W Th F *IN THE* Morning, Afternoon, Evening

*Weekends: Saturday or Sunday *IN THE* Morning, Afternoon, Evening

** How did you hear about our volunteer program?

REFERENCES: (TWO non-family members you have known one year or more)

Name: -----

Address: -----

Home Phone: ----- Other Phone: -----

Name: -----

Address: -----

Home Phone: ----- Other Phone: -----

I understand that Southminster reserves the right to terminate any volunteer assignment as a result of failure to comply with screening policies and regulations, which may include reference checks, background checks, drivers record checks, drug-free work place drug testing and any other policies pertaining to volunteer assignments. I also

understand, as a Southminster volunteer, I will not receive pay for services rendered.

Signature: _____

Guardian Signature (if under 18) _____

Please return to:

Southminster Life Enrichment Department
Southminster
8919 Park Road
Charlotte, NC 28210