

Pine Crest Volunteer Application

Name: _____

Age: _____ 12-17 _____ 18-54 _____ 55+

Telephone Number: _____

Address: _____
Street
City
Zip

Previous relevant volunteer and/ or work experience: _____

For what capacity you wish to volunteer (ex: special events, entertainment, gardening, room visits, maintenance, bingo, wrapping presents, delivering mail):

Times Available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

How many hours a week/ how often you would like to volunteer: _____

 Signature of Applicant Date

 Signature of Parent or Guardian (if Applicant is a minor) Date

*Please return to: Brianna VandenHeuvel, CTRS, Recreation Director
 Pine Crest Nursing Home 2100 E. 6th St. Merrill, WI 54452 715-539-2548*