



**Personal References:**

Name & Address	Phone Number	Relationship

**Your availability to volunteer (check all that apply):**

- Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday  
 Saturday  
 Sunday  
 Mornings  
 Afternoons  
 Evenings  
 Other \_\_\_\_\_

**Commitment Level:**

\_\_\_\_\_ hours/ per  day    week    month    other \_\_\_\_\_

Length of commitment \_\_\_\_\_  months    indefinitely    other \_\_\_\_\_

Do you need to fulfill Community Service hours?    Yes    No   If yes, please explain? \_\_\_\_\_

**Please check the following areas of service that you are interested in:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Activity Assistant  | <input type="checkbox"/> Gardening/Plant Care          | <input type="checkbox"/> Ministry/Spiritual Care |
| <input type="checkbox"/> Bingo   | <input type="checkbox"/> Gift Cart or Store Attendant  | <input type="checkbox"/> Music                   |
| <input type="checkbox"/> Bird Care (cleaning cages)  | <input type="checkbox"/> Kitchen/Dining Room Assistant | <input type="checkbox"/> Office/Clerical         |
| <input type="checkbox"/> Cards/Table Games   | <input type="checkbox"/> Letter Writing                | <input type="checkbox"/> One-to-One Visiting     |
| <input type="checkbox"/> Crafts  | <input type="checkbox"/> Mail Delivery                 | <input type="checkbox"/> Outings                 |
| <input type="checkbox"/> Class Demos   | <input type="checkbox"/> (On-Call/BackUp Only)         | <input type="checkbox"/> Reading to Residents    |
| <input type="checkbox"/> Escort Residents to<br>Medical Appointments<br>(transportation is provided) | <input type="checkbox"/> Manicures/Hand Massages       | <input type="checkbox"/> Special Events          |
|  |  | <input type="checkbox"/> (On-Call/BackUp Only)   |

What would be your top areas of interest from the above list? \_\_\_\_\_

Comments \_\_\_\_\_

By signing below, I give my permission to verify my references, complete a State of Minnesota Department of Human Services background study form, and/or to contact my doctor to verify my physical/emotional health.

***I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/ Guardian if Minor: \_\_\_\_\_

***Cerenity Senior Care is not obligated to provide placement, nor are you obligated to accept the position offered.***

**Please mail completed form to:**

Volunteer Coordinator  
Cerenity Humboldt  
512 Humboldt Ave.  
St. Paul, MN 55107

Volunteer Coordinator  
Cerenity Marian of Saint Paul  
200 Earl St.  
St. Paul, MN 55106

Volunteer Coordinator  
Cerenity White Bear Lake  
1900 Webber St.  
White Bear Lake, MN 55110