



Volunteer Application

Silverado Senior Living offers equal opportunities to all volunteer applicants regardless of sex, age, race color, religious creed, national origin, ancestry, marital status, sexual orientation, gender identity or disability.

Please Print Clearly

Date: _____

Name: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Email: _____

Birthday (Month/Day only) _____

Employer: _____ Occupation: _____

Level of Education:

___ High School ___ 2 Year College ___ 4 Year College ___ Post Graduate

*If you are over 18 years old please provide a copy of your driver's license for our Mandatory background check.

Total number of hours per week you can commit to volunteering: _____

Preference- Circle One Mornings Afternoon Early Evening Weekends

List any interests, experiences, talents or hobbies you think would help you in volunteering:

(Work, education, other volunteer experiences, office skills, musical abilities, arts and crafts, gardening etc.)

(This information may assist us in proper placement of volunteers)

How did you hear about Silverado?

Why do you want to volunteer with Older Adults?

Have you had any experience with anyone with Alzheimer's or Dementia? Yes ___ No ___

If yes, please describe your experience:

What organizations or clubs do you belong to?

Please list an Emergency Contact Number:

Name:

_____ Relationship: _____

Home Phone: _____ Cell or Work: _____

Physician: _____ Phone: _____

Applicant Signature:

Guardian Signature: (if under 18)
