



HENNIS CARE CENTRE

Volunteer Interest Sheet

Name _____

Address _____ Phone _____

Name of Reference _____ Phone _____

When are you available? Full Time _____ Part Time _____

Day(s) of the week? _____

Time of day or evening preferred? _____

How often are you interested in volunteering? (# of hours per week, month, etc.)?

Do you belong to any community organizations? Please list:

Have you ever volunteered in a nursing home before? Yes _____ No _____
If yes, where? _____

Do you have any special talents? (Examples: playing a musical instrument, singing, dancing, painting, etc)
If so, please list:

Do you have a particular area that you are interested in assisting? Please explain:

Please check if you are interested in any of the following:

SPORTS

_____ Bowling
_____ Basketball
_____ Baseball
_____ Other: _____

MUSIC

_____ Singing
_____ Instrument
_____ Dancing
_____ Other: _____

OUTSIDE

_____ Gardening
_____ Trips/Outings
_____ Walks
_____ Driving
_____ Other: _____

CRAFTS

_____ Sewing
_____ Crocheting
_____ Knitting
_____ Cross-Stitching
_____ Painting
_____ Ceramics
_____ Other: _____

MISCELLANEOUS

_____ Nail Mania
_____ Reading
_____ Cooking/Baking
_____ Religious Activities