



# THE TOWERS

## AT TOWER LANE

**Our Residents need...YOU!** The time you give to volunteering at The Towers can improve lives! Your helping role is critical to the wellbeing of our residents and success of our programs. A calendar that is filled with activities needs “people power” to facilitate the programs.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_ Do you regularly use email? Yes or No

Current Employer or School \_\_\_\_\_

Are you retired? \_\_\_\_\_ What was/is your profession(s)? \_\_\_\_\_

*In case of emergency please notify* \_\_\_\_\_

*Relationship* \_\_\_\_\_ *Phone Numbers* \_\_\_\_\_

*2<sup>nd</sup> emergency contact* \_\_\_\_\_

*Relationship* \_\_\_\_\_ *Phone Numbers* \_\_\_\_\_

Community affiliations or club/organization memberships \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other/prior volunteer work experience \_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

\_\_\_\_\_

Special skills, interests, hobbies, languages \_\_\_\_\_

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When can you begin volunteering? \_\_\_\_\_

How often would do you want to volunteer? 1x per week    2x per week    1x per month  
other \_\_\_\_\_

Days and times available? MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_ SAT \_\_\_ SUN \_\_\_

MORNINGS \_\_\_\_\_ AFTERNOONS \_\_\_\_\_ EVENINGS \_\_\_\_\_

**REFERENCES (must NOT be a relative or spouse)**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**The Towers has my permission to contact references after I've been interviewed. My signature below commits me to upholding The Towers rules of confidentiality and residents' rights. It also provides The Towers with consent to use my photograph and any video or audio recordings, and or stories. All information will be kept confidential.**

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

Are there any limitations on volunteering? \_\_\_\_\_ No \_\_\_\_\_ Yes – please list below:

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**Please check off any activities that interest you**

\_\_\_\_\_ Recreational Activities Assistance

\_\_\_\_\_ Bingo, Arts & Crafts

\_\_\_\_\_ Book Groups

\_\_\_\_\_ Discussion Groups

\_\_\_\_\_ Movie-screening and/or discussion

\_\_\_\_\_ Office Work-filing, copying, shredding

\_\_\_\_\_ Visiting with Residents

\_\_\_\_\_ Certified Pet Therapy

\_\_\_\_\_ Assisting with off campus trips

\_\_\_\_\_ Assisting cognitively impaired residents in special memory enhancing projects

\_\_\_\_\_ Gardening

\_\_\_\_\_ Holiday Celebrations

\_\_\_\_\_ Coloring Group

\_\_\_\_\_ Reading from the Torah