



Volunteer Service Application

Name: _____

Date: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Special Interest and Hobbies: _____

Have you ever had a family member or friend reside at Seashore Gardens Living Center? Yes No

If yes, who and when? _____

How did you hear about our Volunteer Program? _____

Why do you want to volunteer at Seashore Gardens? _____

What do you have to offer our residents? _____

Check the areas you would prefer to volunteer in: Gift Shop Parties Games One on one visits

Do you have your own ideas? _____

What days are you available? _____

Who do we call in the event on an emergency? _____

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Thank you,

Missy Rundio, ADC

Director of Recreation and Volunteers