



Mary Lanning
HEALTHCARE

MARY LANNING HEALTHCARE AUXILIARY Volunteer Application

FIRST NAME

LAST NAME

PHONE

E-MAIL ADDRESS

Please keep in mind that we would like a minimum of 100 hours of volunteer time, due to the cost of background checks, training costs and supplies. There is no time restriction on the hour requirement.

I have carefully considered my schedule and know that I can make a significant commitment of time to volunteering at Mary Lanning Healthcare.

I have free time on these days and times:

- | | | | |
|------------------------------------|------------------------|-----------------------------------|------------------------|
| <input type="checkbox"/> Monday | Times Available: _____ | <input type="checkbox"/> Thursday | Times Available: _____ |
| <input type="checkbox"/> Tuesday | Times Available: _____ | <input type="checkbox"/> Friday | Times Available: _____ |
| <input type="checkbox"/> Wednesday | Times Available: _____ | <input type="checkbox"/> Saturday | Times Available: _____ |

Please check the statements that best describe you:

- I treat volunteer commitments with the same respect that I do work or school obligations, committing to serve on a regular day and time.
- I enjoy working in new situations, taking on different duties or helping in additional ways based on the needs of the people around me.
- I hope to meet other people to add to my social circle.
- I need to be busy all the time.

Why do you want to volunteer?

What do you hope to gain and give by volunteering at Mary Lanning Healthcare?

What skills and experiences would you like to bring to a volunteer assignment?:

How do you feel about approaching strangers and starting up a conversation with them?

- I would be entirely comfortable.
- I would struggle to approach strangers, but find making conversation easy.
- I would become overwhelmed if I was asked to do this.