

Brian's House

Volunteer Sign-Up Form

(Please print all information.)

First Name _____ Last Name _____

Street Address _____ City _____ ZIP _____

Home Phone _____ Work Phone _____ Cell _____

Email address _____

Special interests, hobbies, skills or talents _____

Education, training or special schooling _____

Previous volunteer experience _____

Current volunteer experience _____

Times most available for volunteer work (Please check all that apply)

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Mornings							
Afternoons							
Evenings							
Nights							
Any time							

Are you available on holidays?

- | | | |
|---|--|---|
| <input type="checkbox"/> New Year's Day | <input type="checkbox"/> Father's Day | <input type="checkbox"/> Thanksgiving |
| <input type="checkbox"/> Easter | <input type="checkbox"/> Fourth of July | <input type="checkbox"/> Christmas Eve |
| <input type="checkbox"/> Mother's Day | <input type="checkbox"/> Labor Day Weekend | <input type="checkbox"/> Christmas Day |
| <input type="checkbox"/> Memorial Day Weekend | <input type="checkbox"/> Labor Day | <input type="checkbox"/> New Year's Eve |
| <input type="checkbox"/> Memorial Day | | |

Do you speak other languages? (ASL, French, Spanish, German, Polish, etc.) Yes No

List language(s) here _____

Areas in which you are interested or willing to help.

- | | | |
|---|--|---|
| <input type="checkbox"/> Baking | <input type="checkbox"/> Family/Bereavement Visits | <input type="checkbox"/> Playing Games |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Feeding | <input type="checkbox"/> Play Music |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> Reading to guests |
| <input type="checkbox"/> Clerical/Office Work | <input type="checkbox"/> Gardening | <input type="checkbox"/> Serve food |
| <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Laundry | <input type="checkbox"/> Small repair work (if requested) |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Writing letters for guests |
| <input type="checkbox"/> Errands | <input type="checkbox"/> Play cards with guests | |

Other _____

Allergies that could influence assignment: Cats Dogs

Other _____

Are you able to physically assist patients? Yes No

Are you willing to help with bathroom functions Yes No

Are you willing to work the a patient with an infectious disease such as AIDS, hepatitis, etc.? Yes No
 Uncertain

Please drop off this form at Brian's House or mail to:

**Donna DeWyse, Director
Brian's House
664 W. Nebobish Road
Essexville, MI 48732**