

# MIRA VISTA CARE CENTER

300 South 18<sup>th</sup> Street  
Mount Vernon, WA 98274  
(360) 424-1320

## Volunteer Application

(please print)

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

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ DOB \_\_\_\_\_

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

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

## Personal References

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Current Employment**

Occupation\_\_\_\_\_

Employer\_\_\_\_\_ Work Phone\_\_\_\_\_

**Volunteer Experience**

Do you have previous volunteer experience? Yes\_\_\_\_ No\_\_\_\_

If yes, describe the type and amount\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you volunteered at MVCC before? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, dates: \_\_\_\_\_ to \_\_\_\_\_

Do you require any special accommodations to volunteer at MVCC?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

**Availability**

(please mark the box or boxes for the days and times you are available)

	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
<b>Sunday</b>			
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			

## Interests

(please check all areas in which you are interested in volunteering)

- Bulletin Boards & other displays
- Decorating for holidays
- Office tasks
- Room Visits
- Leisure Cart
- Manicures
- Bingo
- Card games
- Casino games: Po-Ke-No, Black Jack & Roulette
- Simple games: Dice Roll, Frog Races, Coin Toss
- Church:  Protestant  Catholic  Episcopal
- Devotions/Bible Study
- Cooking
- Exercise Group
- Arts & crafts
- Music
- Social/Special events
- Sensory Stimulation/Reality Orientation
- Pet Therapy

List any special interests/talents you would be willing to share:

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## AGREEMENT

I understand that if I am accepted as a volunteer, Mira Vista Care Center (MVCC) or I will be free to terminate this volunteer relationship at will and at anytime. I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that, if I am accepted as a volunteer, MVCC may end that relationship if I have made any false statements or misrepresentations in this application. I authorize MVCC to check all information contained in or related to this application. Chapter 486, Laws of Washington 1987, requires a background inquiry to be sent to the state or federal law enforcement agencies. Any information resulting from those inquiries will be held in confidence and used only for the purpose of determining my involvement as a volunteer with MVCC.

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Signature of Applicant

Date

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Signature of Volunteer Coordinator

Date

### **IF UNDER 18 YEARS OF AGE, THE FOLLOWING MUST BE COMPLETED:**

Permission is granted for \_\_\_\_\_ to participate in  
(name of minor)  
the volunteer program at MVCC. I give permission for a TB test which is required by state law and provided free of charge. In the event I cannot be reached, I give permission for \_\_\_\_\_ to receive emergency treatment as necessary.

Insurance Company: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only**

Assignment(s) \_\_\_\_\_

Days/Time \_\_\_\_\_ Start Date \_\_\_\_\_

Orientation/Training Date(s) \_\_\_\_\_ TB Test Date \_\_\_\_\_

Comments \_\_\_\_\_