



Volunteer Application

Estes Dementia Day Center

Where compassion meets connection

Personal Information

- **Full Name:** _____
 - **Preferred Name (if different):** _____
 - **Address:** _____
 - **Phone:** _____
 - **Email:** _____
 - **Emergency Contact (name, relationship, phone):** _____
-

Availability

- **Days available:** (not that you would volunteer all of those days)
 Monday Tuesday Wednesday Thursday Friday
 - **Preferred shift length:**
 2 hours (lead special activity) **Half-day (4 hours a.m. or p.m.)** **Full-day**
 - **How often would you like to volunteer:**
 Weekly Bi-weekly lead weekly / biweekly or monthly special (exercise, music, craft, etc.) Substitute when needed
 - **Other:** _____
-

Interests & Skills

Check all that resonate with you. These help us match volunteers with meaningful roles.

- Gardening
- Conversation and companionship
- Arts and crafts

- Music or singing
 - Movement or gentle exercise
 - Reading aloud or storytelling
 - Games and cognitive activities
 - Meal or snack support
 - Outdoor walks or nature time
 - Administrative or organizational tasks
 - Special skills (please describe): _____
-

Experience

- **Have you volunteered with older adults with dementia before**

Yes No

If yes, please describe:

- _____

- **What draws you to volunteer with people living with dementia**

- _____
-

Training

- **There will be required training on dementia communication and care approaches (free)**
-

Background Information

- **Estes Dementia Day Center will conduct a background check on all volunteers**

- **Have you ever been convicted of a misdemeanor or felony**

Yes No

If yes, please explain:

References

Please list one or two people who can speak to your character, reliability, or experience.

1. **Name:**
Relationship:
Phone/Email:

 2. **Name:**
Relationship:
Phone/Email:
-

Signature

I affirm that the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____