

FRIENDSHIP BRIGADE APPLICATION



Name _____

Availability and Volunteer Assignment Preferences

Please check all that are applicable:

Preferred Times: Mornings Afternoons Evenings

Days: Monday Tuesday Wednesday Thursday Friday Saturday

Community Setting: Assisted Living Skilled Nursing Care Memory Care

Areas of Interest: (Please check all that are applicable.)

<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>	Conventional Visits
<input type="checkbox"/>	Reading Aloud	<input type="checkbox"/>	Letter Writing
<input type="checkbox"/>	Spiritual Support	<input type="checkbox"/>	Current Events
<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Reminiscing
<input type="checkbox"/>	Indoor/Outdoor Walks	<input type="checkbox"/>	Trivia
<input type="checkbox"/>	Music	<input type="checkbox"/>	Sensory Activities
<input type="checkbox"/>	Friendly Pet Program (Dog)	<input type="checkbox"/>	Other (list)
<input type="checkbox"/>	Other (list)	<input type="checkbox"/>	Other (list)

Special Skills (interests, hobbies, etc.)

Languages Spoken: _____

Vaccines, Health and Safety

To help prevent the spread of contagious diseases, I agree to get an annual flu shot prior to November 30th each year to protect myself and others. **Yes** **No**

I understand that a TB skin test may be required in some settings according to State law.

Yes **No**

Do you require any accommodations to perform your volunteer role? **Yes** **No**

If yes, please describe:

(18 and Over) Background Check

I have completed Section 2 of the attached Criminal Background Check Request Form from the Oregon DHS Background Check Unit. **Yes** **No**

If selected to participate in the Friendship Brigade, I agree to follow all rules and regulations established by the Friends of Salem Senior Center, Center 50+, the Friendship Brigade and the facility to which I will be assigned.

Signature: _____

Date: _____