

PLEASE CHECK AREA(S) OF VOLUNTEER SERVICES WHICH INTEREST YOU:

- Assist with activities Friendly visiting Resale/Gift Shop
 Bingo Saturday Activities Program Escort
 Special Events Play Cards or Games Mail Delivery
 Play an Instrument or Sing Sunday Chapel Escort (9:45-11:30)

Other: _____

Which day(s) and time would you prefer to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you prefer: Weekly Bi-Monthly Monthly a.m.'s (9:30-11:30) or p.m.'s (1-3)

Are you available on weekends during the school year _____?

Are you available during school breaks _____?

Is summer the only time you want to volunteer _____?

VOLUNTEEN PLEDGE:

I will be...

- 1.) Punctual and conscientious.
- 2.) Dependable; if I cannot come on my designated day, I will notify the Manager of Volunteer Services ahead of time.
- 3.) Calm and mature and behave in a responsible manner at all times while on duty.
- 4.) Courteous and pleasant; a smile for everyone.
- 5.) Neat and clean.
- 6.) NO cell phone use while volunteering (texting, etc.)

I will not discuss residents in or out of Shorehaven. Everything I see or hear while volunteering I will keep CONFIDENTIAL.

Teen Signature

Date

PRINT Teen name

Parent Signature

Date

