



THE MAYFLOWER
A Plan for the Future™

Volunteer Application

1620 Mayflower Court, Winter Park, FL 32792
407-672-1620 Ext. 1153

PLEASE PRINT AND COMPLETE EACH ITEM.

Name as it appears on Driver's License (First, Middle, Last)

Street Address _____

City _____ State _____ Zip Code _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email Address: _____ Social Security # _____

Drivers License # _____ Date of Birth _____

Emergency Contact Person _____ Cell Phone: _____ Relationship _____

How did you hear about The Mayflower Retirement Center?

Why would you like to volunteer with The Mayflower Retirement Center?

Occupation (If retired, what kind of work you have done in the past) _____

Volunteer History _____

Languages Spoken _____

What are your strengths, special talents or abilities? _____

DATE AVAILABLE TO VOLUNTEER: _____

- Preference: Days Weekdays (Mon-Fri)
 Evenings (After 5:00 p.m.) Weekends (Sat/Sun)

PLEASE CHECK TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED:

- | | | |
|---|--|--|
| <input type="checkbox"/> Individual Resident Visits | <input type="checkbox"/> Organize/Cleanup | <input type="checkbox"/> Outdoor strolls |
| <input type="checkbox"/> Assist with Activity Programs | <input type="checkbox"/> Office/Mail-Outs | <input type="checkbox"/> Games/Bingo |
| <input type="checkbox"/> Provide Entertainment or Music | <input type="checkbox"/> Decorate for Holidays | <input type="checkbox"/> Other: _____ |

Due to State regulations, The Mayflower Retirement Center, Inc. requires all volunteers 18 years old and above, volunteering more than 10 hours a month, to undergo a Level 2 background screening unless they are a Mayflower Retirement Center Resident. In consideration of the high cost of the Level 2 background screening, which is covered by The Mayflower, we are looking for committed volunteers who intend on volunteering for an extended period of time. *Those volunteering less than 10 hours a month are required to have a Level 1 background screening.

NUMBER OF HOURS IN WHICH YOU ARE INTERESTED IN VOLUNTEERING MONTHLY: _____

All volunteers are required to sign in and out at each shift.

PERSONAL REFERENCES

Name _____ Phone: _____

Address _____

Years Known _____ Relationship _____

Name _____ Phone: _____

Address _____

Years Known _____ Relationship _____

SIGNATURE _____ DATE _____

Volunteers must be at least 16 years old to volunteer or be accompanied by a parent.

<p>ALL APPLICANTS BETWEEN THE AGE OF 16 AND 18 MUST COMPLETE INFORMATION BELOW AND INCLUDE PARENT OR LEGAL GUARDIAN'S SIGNATURE.</p>
<p>Parent/Guardian Name(s) _____</p>
<p>Address _____</p>
<p>Cell Phone _____ Work Phone _____ Emergency Phone _____</p>
<p><i>My child, _____, has my permission to participate as a Mayflower Retirement Center volunteer. I hold harmless and agree not to hold Mayflower Retirement Center, responsible for any accident or illness involving my child. The agreement shall be construed and regulated under and by the laws of the State of Florida.</i></p>
<p>Parent Signature _____</p>

FOR OFFICE USE ONLY

<i>Process Check</i>	<i>Date</i>	<i>Process Check</i>	<i>Date</i>
Level 2 background screening complete Volunteering more than 10 hrs. a month		Level 1 background screening complete Volunteering less than 10 hrs. a month	
Orientation completed		Start date for volunteer work	