



Raggedy Ann & Andy

VOLUNTEER APPLICATION FORM

Please complete this application form and return it, **with a current photograph**. Because our volunteers interact with people of all ages, who are critically and chronically ill, we conduct pre-training interviews with all prospective volunteers. An interview, by phone or in person, will be scheduled for you as soon as we receive your completed application form. You will also need to consider which hospital or nursing home in your community you would like to visit.

Name: _____ Today's Date: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Cell phone: _____ Home phone: _____ Work phone: _____

E-mail: _____

Driver's License #: _____ Driver's License State: _____

Employer (School, Year & Major if a full-time student): _____

Permanent (parent's) address (if a full-time student): _____

_____ Permanent phone: _____

1. Previous experience and education in the health/helping professions, and/or volunteer work:

2. Have you experienced a severe illness and been hospitalized yourself? If so, for how long, how often?

3. Have you ever visited family or friends in a hospital or nursing home? If so, when and how often?

4. How did you find out about the Raggedy Ann & Andy program?

5. Why are you interested in this program?

6. How do you feel about your ability to listen and communicate, especially during the emotionally difficult situations which frequently arise during illness, injury, aging and dying?

7. If you have ever participated in any programs or practices which emphasize personal or spiritual development, please mention those you found most meaningful:

8. Raggedy Ann & Andy volunteers make a commitment to visit nursing homes at least once a week, for 2 hours. Please indicate which day(s) of the week you would be available to volunteer. After the day please show the time of day you prefer: morning, afternoon or evening:

Mon θ _____ Tues θ _____ Wed θ _____
Thurs θ _____ Fri θ _____ Sat θ _____ Sun θ _____

9. Which volunteer training seminar can you attend? (See website for seminar dates and times.)

Date: _____

10. List three references who know you well (not your family or Adventures in Caring staff.) These people should be aware of your communication skills, and either your work in the health/helping professions or your volunteer work.

i. Name _____ Phone _____

E-mail Address _____

ii. Name _____ Phone _____

E-mail Address _____

iii. Name _____ Phone _____

E-mail Address _____

Next of kin (in case of emergency): Name _____ Phone _____

Next of kin e-mail _____

11. I understand that not everyone is well-suited to volunteering as Raggedy Ann or Raggedy Andy, and that attending the volunteer training seminar does not guarantee my being accepted into the Raggedy Ann & Andy Visiting Program. This decision is made by the Adventures in Caring training staff, and depends on one's suitability as the character Raggedy Ann or Raggedy Andy, and on adequate interpersonal skills. If I am not accepted into the program, I will receive a full refund of the training fee.

Signed

Date

Please return this form to: Adventures in Caring, 1528 Chapala Street, #202, Santa Barbara, CA 93101.
Fax: 805.962.2926. E-mail: volunteering@AdventuresInCaring.org