



## R Wave Volunteer Application and Information

\_\_\_\_\_  
Last Name, First Name, Middle Initial

Gender you identify as: \_\_\_\_\_ Age Range: (18-22) (23-30) (30+)

\_\_\_\_\_  
Address City State Zip

Email Address: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Usual Occupation & Employer: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Please explain why you wish to volunteer at R Wave.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience with dementias, whether paid, care partner, family member or volunteer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide two non-family member references who can speak to us concerning your patience, willingness to volunteer, and work reliability.

Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Why do you want to be a volunteer to work in dementia ministries and how would you most like to serve?

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Please list any special skills, hobbies, or interests that you have. What would be your favorite things to do at R Wave Respite? (Dance, sing, crafts, exercises, art projects, community projects)

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Do you agree to follow those policies and procedures of R Wave Respite (copy available), accept direction and supervision from paid staff, event coordinators and senior volunteers?

Yes    No

Signature Date (mm/dd/yyyy) \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_