

Volunteer Application

Select your preferred location:

- Care Center (Elk River)
- Riverview Landing (Otsego)
- Club GA (Otsego)
- By The Lake (Elk River)
- Engel Haus (Albertville)
- Elk River Housing Campus
- Senior Dining (Elk River)
- Club GA (Elk River Housing Campus)
- Zimmerman Housing Campus

VOLUNTEER NAME:

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

EMERGENCY CONTACT:

Name _____ Relationship _____
Phone _____ E-mail _____

EDUCATION:

Will you be receiving academic credit for your volunteer work? Yes No Current grade? _____
If so, please list school name. _____

ADDITIONAL INFORMATION:

What are your general areas of interest or hobbies? _____
List any clubs or organizations you are a member of. _____
Do you have any experiences with people with memory loss or physical disabilities? _____

State why you wish to become a Guardian Angels volunteer. _____

Have you served as a volunteer before? Yes No - If yes, where? _____

How did you learn about Guardian Angels Volunteer Program?

Friend Website Newspaper GA Staff member Other _____

ACKNOWLEDGEMENT:

"I understand that I may be exposed to confidential information as a volunteer for Guardian Angels Senior Services and that I am obligated to maintain the confidentiality of this information at all times, both during, and after volunteer hours. I also understand that as a volunteer I cannot legally assist with residents care and will notify designated staff member should such a situation arise. I will not hold Guardian Angels Senior Services responsible for injuries or accidents that may occur during my time as a volunteer."

"If I have not volunteered for three consecutive months, I understand that the Volunteer Coordinator will make two attempts to contact me. If I do not reply, I will be placed in inactive status and lose my volunteer privileges. My information will be kept on file for one year before being removed from the Volunteer Management System. If I choose to resume my volunteer duties at a later date, I will be subject to a new background study and must re-attend volunteer orientation."

Volunteer Signature _____ Date _____
By signing, I give my consent to conduct a criminal background study.

Parent or Guardian Signature _____ Date _____
Parent or guardian signature is required for student applicants, ages 14-17 yrs.

Please send completed application by mail or email to:

**Guardian Angels Senior Services
Volunteer Coordinator
508 Freeport Ave. NW, Ste. A
Elk River, MN 55330
763-241-4460 | volunteer@ga-er.org**

*Guardian Angels Mission Statement
Guardian Angels provides exceptional health care, housing and supportive services
to seniors and their families in the spirit of Christ's love.*