

**Select your preferred location:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Care Center (Elk River)    | <input type="checkbox"/> By The Lake (Elk River)  | <input type="checkbox"/> Senior Dining (Elk River)          |
| <input type="checkbox"/> Riverview Landing (Otsego) | <input type="checkbox"/> Engel Haus (Albertville) | <input type="checkbox"/> Club GA (Elk River Housing Campus) |
| <input type="checkbox"/> Club GA (Otsego)           | <input type="checkbox"/> Elk River Housing Campus | <input type="checkbox"/> 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](mailto: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.*