

INDIANA VETERANS' HOME VOLUNTEER APPLICATION



DATE: _____

NAME: _____
First Middle Initial Last

ADDRESS: _____
Street City State Zip

HOME PHONE: (____) _____ CELL PHONE: (____) _____

ORGANIZATION or SCHOOL AND GRADE (APPLICABLE): _____

DRIVER'S LICENSE #: _____ EXP. DATE: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

List any skills, hobbies, interests, or talents that might be useful: _____

List any previous job or volunteer-related experience that might be useful:

AVAILABILITY:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I would like to participate () Daily, () Weekly, () Biweekly, () Monthly, () Special Events/
Special Occasions, () On Call, () Other.

What are your reasons for wanting to volunteer and what do you hope to gain from this
experience? _____

List any health limitations or concerns that would be helpful to be aware

of: _____

ADDITIONAL COMMENTS: (Purdue students please list permanent address here: _____

Person to notify in case of an emergency: _____

Name

Relationship

Address

Phone

PHYSICIAN: _____
Name Phone

REFERENCES: List of 2 adults whom we may contact who are not family members. If you are a student, one must be your school advisor, instructor, or club sponsor.

NAME	ADDRESS	PHONE

Have you ever been convicted of a crime other than a minor traffic violation? () YES () NO
If yes, please provide information regarding the conviction (offense, date, sentence) on a separate attached sheet. A “yes” does not automatically prevent you from volunteering at the Veterans’ Home. However, since we must protect the interests of residents who cannot always protect themselves, the information you provide will be reviewed. A limited criminal history check may be requested. You will then be notified of our determination.

NOTE: We are unable to accept volunteers with pending charges against them, or who currently must fulfill probationary, or court-ordered service. Applicants must notify the Volunteer Office in advance.

To the best of my knowledge the answers given here are true and complete. I authorize the investigation of all statements contained in my application as may be necessary, in arriving at a placement decision regarding my volunteer service.

Signature of Volunteer Date

In the case of a volunteer who is a minor, a parent/guardian signature is required. I give my permission for my child to perform volunteer service for the Indiana Veterans’ Home.

Parent/Guardian Signature Date

For Office Use Only:

Interviewed by: _____ Date: _____ T.B. Test Results: _____

Placement: _____

Revised 5/16; 03/2025