

Indianapolis Jewish Home
Hooverwood
7001 Hoover Road
Indianapolis, IN 46260
(317) 251-2261

Volunteer Application

Today's Date _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

In Case of Emergency, notify: _____ Phone: _____

I am interested in volunteering on:

_____ Weekdays _____ Weekends _____ Evenings

Hours Available _____

Are you over the age of 18: _____

****Please note: If you are over the age of 18 and volunteer 10 or more hours per week, you must have a TB test before you can begin volunteering. You must also re-take your TB test every year.**

Please list any skills or experiences that may apply: _____

Please list any experience you have had working with older adults: _____

Do you have any physical limitations that may affect your ability to volunteer? If yes, please describe _____

Please list two reference of people no related to you that you have known for at least one year:

Name _____

Email address and Phone

Number: _____

Name _____

Email address and Phone

Number: _____

Please return application to Kira Shemesh, Director of Activities. You will need to arrange your orientation and set up your first day to volunteer. Hooverwood asks that you commit to **at least 6 months of service and at least 1-2 hours a week**, unless circumstances do not allow for this commitment as discussed with Activity Director.

Signature Date

For Office use only

TB TEST

Date given: _____ Date Read _____