



**MCLEAN MEMORY CARE
VOLUNTEER APPLICATION**

PERSONAL INFORMATION (*Please Print*)

Name: _____ Birth Date: _____
MM/DD/YR

Address: _____
Street Town Zip

Home phone #:	Cell phone #:
Work phone #:	E-mail address:
Emergency contact name:	Emergency phone #:
Contact relationship:	Contact Address:

Current occupation: _____

If retired, prior occupation(s): _____

VOLUNTEERING INFORMATION

Summarize past volunteering experience: _____

List foreign language abilities, educational or special training/skills, hobbies, talents, special interests: _____

Community affiliations or organizations in which you participate(d): _____

Indicate times and days you most likely can volunteer to support Memory Care clients, families or the Program.

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
a.m.							
p.m.							

SERVICE AREA TRAVEL

McLean’s Memory Care service area includes: *Avon, Bloomfield, Bristol, Burlington, Canton, E. Granby, Farmington, Granby, N. Granby, Simsbury, West Hartford, and Windsor.*

Are you willing to visit clients in McLean’s Service Area? Yes No

If “no” please specify towns to which you will not travel: _____

REFERENCES – Please list three references that we may contact:

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
Personal:		
Business:		
Community:		

PICTURE ID REQUIRED (e.g., driver’s license) Attached Yes No (will provide at interview)

Applicant Signature

Date

PLEASE COMPLETE APPLICATION AND FAX TO (860) 651-1247 OR MAIL TO: Ann Pavano, Memory Care Volunteer Coordinator, 75 Great Pond Road, Simsbury, CT 06070