



MorseLife

Honoring Senior Living

4847 Fred Gladstone Drive
West Palm Beach, FL 33417

Phone (561) 687-5871 Fax (561) 683-4556

STUDENT MENTORING - VOLUNTEER APPLICATION (PLEASE COMPLETE BOTH SIDES)

First Name _____ Last Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____ Date of Birth _____

Parents/Guardian Information

Mother/Guardian Name _____ Father/Guardian Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Name of school currently attending _____ Grade Level _____

The career track program you are enrolled in _____ Instructors Name _____

In case of emergency please notify _____

Relationship _____ Phone _____

List community affiliations, or school clubs/organizations that you are a member _____

Please list any prior volunteer work experience _____

How did you find out about our volunteer opportunities? _____

If your family member works on the Campus, please complete the following:

Name _____ Department/Position _____ Relationship to you _____

Why do you want to volunteer? _____

List any special skills, interests, hobbies, talents _____

When can you begin volunteering? _____

Are you traveling during the summer? If yes, list dates you will be away _____

How often would you want to volunteer? ___ 1x per week ___ 2x per week ___ 3x per week

Days and times available (please check all that apply)

_____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

_____ Mornings (8:30am-12:00pm) OR _____ Afternoons (12:30pm-3:30pm)

Please check the career path you are planning

****Middle School Students:** Attach a letter of recommendation from your teacher or guidance counselor.
****High School Students:** If not enrolled in a career path program, please attach a letter of recommendation from your guidance counselor.

_____ **Rehabilitative Services**
_____ Physical Therapy
_____ Speech Therapy
_____ Occupational Therapy

_____ **Nursing**
_____ RN
_____ LPN
_____ CNA
_____ Home Health Services

_____ **Marketing/Communications**
_____ Journalism
_____ Television/Film Production
_____ Photography

_____ **Social Work**
_____ **Medicine**
_____ Physician
_____ Pharmacy
_____ Technician
_____ Other _____

_____ **Therapeutic Recreation**

_____ **Culinary & Nutrition**
_____ Dietician
_____ Food Preparation
_____ Other _____

_____ **Other** _____

Please describe any medical conditions or restrictions you have, that might affect your ability to perform certain activities

Physician's name and phone number _____

PERSONAL REFERENCES (cannot be a family member or relative)

1. Name _____ Phone #: _____

2. Name _____ Phone #: _____

MorseLife has my permission to contact my child's references. My signature below commits my son/daughter to upholding the center's rules of confidentiality and residents' rights.

Signature of Applicant _____ Date _____

Signature of guardian if applicant is under 18 years of age _____

Relationship to applicant _____ Date _____

FOR AGENCY USE ONLY

Interviewer _____ Date _____ Approved _____

Comments _____