

Volunteer Services Department Junior Volunteer Application To be completed by Juniors 14 through 17 years of age

Please return this application to:

Volunteer Services / Judson Park / 2181 Ambleside Drive / Cleveland, OH 44106 216-791-2359

Please Print Clearly	DATE:	
NAME:	NICKNAME:	
(Print First) (Print Last)		
ADDRESS:(Street)	(City) (Zip)	
E-MAIL:		
PHONE: () CEI	LL PHONE: ()	
SCHOOL:GRAD	E:	
HOW DID YOU HEAR ABOUT JUDSON?		
HOW WILL YOU BE GETTING TO JUDSON:		
DO YOU HAVE A SPECIFIC NUMBER OF HOURS FOR A CLAS	SS REQUIREMENT? Y N HOW MANY?	
WHAT CLUBS OR GROUPS DO YOU BELONG TO?		
HAVE YOU EVER VOLUNTEERED BEFORE? WHERE? DOING WHAT TYPES OF THINGS DO YOU ENJOY DOING THE MOST		
HOW WOULD YOU LIKE TO HELP OUR RESIDENTS AT JUDS	ON AT UNIVERSITY CIRCLE?	
Activity Assistant: Host a Coffee Hour, call Bingo, play games (crossword puzzles, Sukoku), go on strolls	Friendly Visitor: Letter writing, reading Gardening with Residents	
Animal Visits: Tend to Judson birds or bring certified therapy dogs.	Lead discussion group on current events, book reviews, music, art or special interests	
Assist with craft and art activities. List craft skills:	Play piano or an instrument, facilitate a sing-along.	
Clerical work in various departments	Special Activities: Escort (push	
Computer assistance with Residents	wheelchair) to on-site programs and to off- site field trips (museums, parks, etc.).	
Escort (push wheelchair) residents to beauty parlor, Physical Therapy, On-Site activities	Transportation provided through Judson. Serve as a host/hostess for Resident parties.	
OTHER INTERESTS		

PLEASE CHECK THE FOL	LLOWING:			
Do you prefer volunteering	g with 🛘 INDIVIDUALS	S / □ GROUP	S / □ BOTH	
AVAILABILITY: #	TIME(S) PER WE	EK OR #	TIME(S) PER MONTH	
DAYS PREFERRED: (circle	e) Monday Tuesday W	ednesday Thursda	ay Friday Saturday Sunday	
TIMES PREFERRED: \(\Bar{\text{\tint{\text{\tin}\text{\tex{\tex	MORNING / AFTER	RNOON / 🗆 EAF	RLY EVENING	
THE JUDSON COMMUNI JUDSON PARK: 218 JUDSON MANOR: 1 SOUTH FRANKLIN CI	1 Ambleside Drive / Cle 890 E. 107 th Street / Cle	eveland, OH 4410 eveland, OH 441	06 06	
PERSON TO NOTIFY				
			ship:	
Telephone Numbers: I	Day	Eve	ening	
YOUR SIGNATURE: _				
BELOW FOR	NOLUNTEER SERV	VICES DEPART	TMENT TO COMPLETE	
BELOW FOR Volunteer Assignment				
Volunteer Assignment Date Started Comments including Days	:/Time for Placement			
Volunteer Assignment Date Started Comments including Days	s/Time for Placement			
Volunteer Assignment Date Started Comments including Days Volunteer Supervisor	s/Time for Placement			
Volunteer Assignment Date Started Comments including Days Volunteer Supervisor Campus*	Time for Placement	Type*		
Volunteer Assignment Date Started Comments including Days Volunteer Supervisor Campus*	Time for Placement		Status*	
Volunteer Assignment Date Started Comments including Days Volunteer Supervisor Campus* Residents Visited	Time for Placement		Status*	
Volunteer Assignment Date Started Comments including Days Volunteer Supervisor Campus* Residents Visited	Time for Placement		Status*	