

PLEASE CHECK THE FOLLOWING:

Do you prefer volunteering with INDIVIDUALS / GROUPS / BOTH

AVAILABILITY: # _____ TIME(S) PER WEEK OR # _____ TIME(S) PER MONTH

DAYS PREFERRED: (circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

TIMES PREFERRED: MORNING / AFTERNOON / EARLY EVENING

THE JUDSON COMMUNITY HAS THREE CAMPUSES. Do you prefer volunteering with:

JUDSON PARK: 2181 Ambleside Drive / Cleveland, OH 44106

JUDSON MANOR: 1890 E. 107th Street / Cleveland, OH 44106

SOUTH FRANKLIN CIRCLE 16575 South Franklin Street / Chagrin Falls, OH 44023

PERSON TO NOTIFY IN CASE OF ACCIDENT OR INJURY:	
Name: _____	Relationship: _____
Telephone Numbers: Day _____	Evening _____

YOUR SIGNATURE: _____

BELOW FOR VOLUNTEER SERVICES DEPARTMENT TO COMPLETE
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Volunteer Assignment _____

Date Started _____

Comments including Days/Time for Placement _____

Volunteer Supervisor _____

*Campus** _____ *Location** _____ *Type** _____ *Status** _____

Residents Visited _____

Other positions _____

Other Information: _____
