KIDRON BETHEL VILLAGE VOLUNTEER FORM

Name:	e: Phone:					
Address:						
Street Address	City	State	Zip			
E-mail:	Birthda	nte: (mo/da)				
Emergency Contact	Dhow					
Name:		ne:				
Are you under the age of 18? YES or N	NO					
Have you ever been convicted of any consummary offenses, which have not been explain	en annulled, expunged o	r sealed by the cou	ert? If yes,			
Please check all that may be of interes *Activities		•	r activity).			
Read/Write Letter/Mail One on One Visits	Table games/Jigsaw p	ouzzles				
Wheelchair rides/Walks Crafts/Baking	Manicures					
Bingo	Hymn Sings					
Crops & Coffee (Mens group)						
Table games/Cards	Exercise – lead					
Sundae Monday Birthday Parties	Popcorn & Pop					
Escort residents to activities and	events in the Chapel/Fello	wship Hall (Wedne	sdays 3:00-4:00)			
*Front Desk						
Administrative Tasks:						
Front desk/welcoming	Photoc	copy projects				
Computer typing/input	Tempo	orary office help req	uests			
*Spiritual Life Activities						
Daily Devotions	Bible Study Le					
Music (singing or leading)	Usher events i	n the Chapel				

	Piano/organ fo	-						
	Worship leade	er (readii	ng)					
* <u>Dieta</u>	<u>ary</u>							
	Buffet dining ((main)			_Buffet	dining (health	care)	
* <u>Mair</u>	<u>itenance</u>							
	Gardening/La	ndscapii	ng pro	jects				
* <u>Frier</u>	nds of Kidron							
	Committee me	mber						
*Func	draisers:							
	Country Break	kfast (O	ctober)				
	Builders Band							
	Holiday Mark	etplace						
*4th of	f July Celebra	tion Da	vs:					
	Homemade ic		-		Opport	unity Quilt	Trans	porting Residents
	Bake sale	0 01 0 00 111			Publici			porome recordence
	Craft sale				_	•	Wher	e help is needed mo
								-
* <u>Seni</u>	or Olympics (S	<u>Septeml</u>	<u>ber):</u>					
	Run Game							
	Assist residen	ts to eac	h gam	ie				
	Set up/Clean		C					
	T	. 1.	,		•			
	I am interes Anyti		volun	teering	, piease	contact me:	•	
	After	ınıs dat	е					
Availa	ability: Please	Circle						

Contact Rachel Bucklin at rachelb@bluestemks.org or at 316-836-4821

Please read and understand this statement before signing your application:

I certify the information in this application is correct to the bet of my knowledge. I understand falsification of fact or significant omission is grounds for disqualification from further consideration, or for dismissal as a volunteer of Bluestem Communities. I authorize Bluestem Communities to contact former employers, schools, and references to verify my previous employment/volunteer record, education, and personal information.

I have read and reviewed the volunteer handbook and I agree to abide by the rules, regulations, policies and procedures of Bluestem Communities. I understand either Bluestem Communities or I may terminate the volunteer relationship at any time with or without cause and with or without notice.

I understand I may be required to submit and successfully complete a medical examination and tests at the expense of Bluestem Communities as a condition of volunteering.

I understand that Bluestem Communities is a tobacco free and drug free environment and volunteers are not permitted to use such substances at any of the facilities associated with Bluestem.

I understand that Bluestem Communities will conduct a pre-volunteer criminal background check. I hereby acknowledge this and authorize all parties and organizations this information Bluestem Communities requests relative to the background check process.

Signature	Date
	

