



<u>Any physical limitations or restrictions:</u>		
<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
<u>Medication (s):</u>		
<u>List character references (other than relatives):</u>		
<u>Volunteer availability:</u>		
<u>Hours</u>		
<u>Days</u>		
<u>Frequency</u>		
<u>Comments</u>		

*The information requested is necessary to assist in determining your eligibility for volunteering at the DVVH. Information will remain confidential. Failure to provide all information will result in our inability to provide you with volunteer opportunities at our facility.*

To the best of my knowledge, the information provided is true and complete. Furthermore, I hereby waive all claims to monetary gratuities or gifts for services rendered as a volunteer.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

For youth volunteers (age 18 or under): \_\_\_\_\_ has my approval and support to serve as a volunteer at the Delaware Valley Veterans Home.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Please return to

**Craig Lunsford**

Volunteer Resources Coordinator

P: (215) 856-2846 F: (215) 856-2777

clunsford@pa.gov

**Delaware Valley Veterans Home**

2701 Southampton Road

Philadelphia, Pa. 19154

<u>OFFICE USE ONLY</u>			
<u>Date received</u>			
<u>References</u>	<u>Medical</u>	<u>Interview</u>	<u>Orientation</u>