

Oak Hill Assisted Living
VOLUNTEER INTEREST FORM

Name: _____

Address: _____

Phone: Home _____ Cell: _____

Particular type of volunteer work you are interested in:

- _____ Working one on one with a single resident
- _____ Providing services / recreational activities for
several residents
- _____ Teaching or instructing an individual project
- _____ Helping in office or administrative duties
- _____ Adopt a Resident

Availability: _____ Prefer Days _____ Prefer Evenings
_____ Prefer Weekdays _____ Prefer Weekends

Days I am available to volunteer: _____

Please check one of the following:

_____ I would like to perform the following volunteer activities:

_____ I am interested in volunteering and would like to discuss possible
services.

Please return completed form to Oak Hill Assisted Living
Attention: Pam Friesen, CNP
1971 NE 1st Avenue, Grand Rapids 55744