



**RAWLINS HOUSE**  
**& FALL CREEK**  
RETIREMENT VILLAGE

**VOLUNTEER APPLICATION**

Thank you for your interest in volunteer opportunities with Rawlins House and Fall Creek Retirement Village. Please complete this application and return by mail or fax, or drop off at either reception desk.

Rawlins House  
300 JH Walker Drive  
Pendleton, IN 46064  
Or fax to (765) 778-0366

Fall Creek  
625 E. Water Street  
Pendleton, IN 46064  
Or fax to (765) 778-4900

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

**Emergency Contact Person**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**Volunteer Interests (please check and describe your interests)**

Crafts \_\_\_\_\_

Music \_\_\_\_\_

Sewing/Needlework \_\_\_\_\_

Spiritual/Religious Activities \_\_\_\_\_

Other Interests/Hobbies \_\_\_\_\_

Do you prefer (please check all that apply)

Large group activities

Small group activities

One-to-one activities

Days/Times Available \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Two References (Business or Personal)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Permission given to complete a criminal background check?

Yes

No

IF UNDER 18, does a Parent or Guardian approve?

Yes

No

Parent or Guardian (to verify permission)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Volunteer's signature

Date

Supervisor's signature

Date