

Volunteer Application

603-292-5175 | www.harmonyhomesnh.com

Date of Application: _____

Location you are interested in volunteering at (circle one):

Harmony Homes at Hickory Pond at 1 Stagecoach Rd, Durham NH 03824

Harmony Homes By the Bay at 40 Briggs Way, Durham NH 03824

A Place to Grow at Harmony Place at 55 Briggs Way, Durham NH 03824

Applications can be submitted in three ways:

- Drop off application at the front desk at Harmony Homes by the Bay
- Fax application to 603-397-5280
- Scan completed application and email to hr@harmonyhomesnh.com

NAME: _____

first

initial

last

ADDRESS: _____

number

street

apt no. / PO box

city/town

postal code

PHONE NUMBER: _____ **EMAIL:** _____

POSITION VOLUNTEERING FOR:

- One-on-one visits: either with seniors or children by talking, games, etc.
- Musical entertainment
- Activity partner: join residents with the daily activity and assist when needed
- Large group activity: run your own activity, or partner with the Activities Director on an activity
- Decorating: seasonal volunteer to decorate for Spring, Fall, Christmas, etc.
- Pet Visit: weekly or monthly visits with certified pet therapy animals
- Gardening: work with our seniors or children to explore nature
- Improvement projects: creating a space that could be utilized by seniors or children including a sandbox, or outdoor space
- Other: _____

AVAILABLE HOURS:

When are you available for volunteer assignments?

- __:__ to __:__ Sunday
- __:__ to __:__ Monday
- __:__ to __:__ Tuesday
- __:__ to __:__ Wednesday
- __:__ to __:__ Thursday
- __:__ to __:__ Friday
- __:__ to __:__ Saturday

WHY DO YOU WANT TO BE A VOLUNTEER?

DO YOU HAVE YOUR OWN MEANS OF TRANSPORTATION?

- Yes
- No

In Case of Emergency

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

Photo Consent

We love to take photographs of our residents during activities to post on our Facebook page. Do you consent to having pictures taken of you during activities?

- Yes
- No

Allergies

Do you have any allergies? (circle one) no or yes _____

Our Policy

- It is our policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability
- For those applying we will require a TB Blood Test
- We will require you to complete a volunteer orientation

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____ **Date:** _____