

HILTON EAST ASSISTED LIVING
VOLUNTEER INFORMATION SHEET

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PLEASE LIST ANY PAST WORK YOU HAVE DONE WITH THE ELDERLY
OR PHYSICALLY CHALLENGED COMMUNITY:

PLEASE LIST ANY SPECIAL SKILL, HOBBIES, OR INTERESTS THAT WOULD
PERTAIN TO THE RECREATION DEPARTMENT:

PLEASE LIST DAYS, HOURS AND SPECIFIC PROGRAM(S) YOU WOULD BE
INTERESTED IN VOLUNTEERING FOR:

I have received a copy of the "Residents Rights" and have been informed of the policies of Hilton East. I have also had a full tour of the building and surrounding areas.

SIGNATURE: _____ DATE: _____