



Volunteer Application

...because the journey matters.

Dear Friend,

Thank you so much for your interest in volunteering with the clients and team members of the Birchwood Community. We are very excited to have you join us in our quest to bring joy to our clients while at the same time helping them reach their highest level of independence and greatest quality of life.

Birchwood has a large and very active volunteer program. You are about to become a part of something exciting, and extremely vital to our community and we would like to say “Good for you” for wanting to be part of something bigger than yourself! With most of our volunteers they find they actually get more out of being a volunteer than they give. We want you to have a great time in your volunteering experience. You’ll also have the opportunity to build new friendships, and have new experiences along the way!

So let’s get started! Please complete all the pages of the Volunteer Application and return it to us as soon as possible. (You can mail it, fax it, email it, or drop it off in person!) We want to get the paperwork done so you can join us to have some fun! If you have any questions or concerns, please feel free to contact us at any time.

Thank you so much for choosing to join the Birchwood Volunteer Team. Please remember you are making a difference and the reason we want you volunteering at Birchwood is because the journey matters!

Thank you,

Gina Porter
Community Life Director
Birchwood Arbors Assisted Living
750 NE 1st Street
Forest Lake, MN 55025
DD ~ 651.466.1014
Fax ~ 651.466.1100

Pattie Sullivan
Volunteer Coordinator
Community Life Department
Birchwood Health Care Center
604 NE 1st Street
Forest Lake, MN 55025
DD ~ 651.466.1030
Fax ~ 651.466.1127



...because the journey matters.

Volunteer Application

I'm interested in volunteering at:

- Health Care Center
- Arbors Assisted Living

Date: _____

Birth date: _____

Name: _____

Telephone #: _____

E-mail Address: _____

Cell Phone #: _____

Address: _____

Emergency Telephone #: _____

Relationship: _____

For Junior Volunteers, please state age: _____ (Junior Volunteer 13-16 years old)

Currently attending school? Yes No

Availability: Days: Monday Tuesday Wednesday Thursday Friday
 Evenings: Monday Tuesday Wednesday Thursday Friday
 Weekends: Saturday Sunday

Time of day: Morning _____ Afternoon _____ Evening _____

Please place a check mark by areas in which you wish to serve:

- | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Assist with an outing | <input type="checkbox"/> Assist with Saturday afternoon activities |
| <input type="checkbox"/> Assist with games | <input type="checkbox"/> Provide musical entertainment |
| <input type="checkbox"/> Assist with Bingo | <input type="checkbox"/> Conduct Men's Club |
| <input type="checkbox"/> Provide accompaniment for Chapel services | <input type="checkbox"/> Visiting Residents on a one to one basis |
| <input type="checkbox"/> Read to Residents | <input type="checkbox"/> Assist with baking activities |
| <input type="checkbox"/> Take Residents outdoors for walks or wheelchair rides | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Assist with crafts | <input type="checkbox"/> Assisting with decorating for Holidays or special events |
| <input type="checkbox"/> Write letters for Residents | <input type="checkbox"/> Assist with special events such as Holiday parties for Xmas etc |
| <input type="checkbox"/> Assist with Resident care | |
| <input type="checkbox"/> Transport Residents to the beauty shop | |
| <input type="checkbox"/> Assist with special meals | |

*We are always open to new ideas.
Please feel free to share any of your ideas with us!*



Volunteer Application

I'm interested in volunteering at:

- Health Care Center
- Arbors Assisted Living

How did you learn about volunteering at Birchwood?

Please list your hobbies and skills:

Please list your musical talents:

Do you have any physical issues that would limit your ability to volunteer? Yes * No

*If yes, please explain:

Please list any special training that would assist you in volunteering:

Please complete this form and drop it off at Birchwood or email to:

Health Care Center ~ Pattie Sullivan ~ psullivan@birchwoods seniorliving.com
604 NE 1st St. Forest Lake, MN 55025 **651.466.1030**

Or

The Arbors Assisted Living ~ Gina Porter ~ gporter@birchwoods seniorliving.com
750 NE 1st St. Forest Lake, MN 55025 **651.466.1014**

*Thank you so much for wanting to become a volunteer!
We will be in touch with you very soon!*