



11959 Apple Valley Road,
Apple Valley, California 92308
Telephone: (760) 240-5051 FAX: (760) 240-8150

Volunteer Services Questionnaire

Name: _____
Address: _____
Phone Number: _____ Age Group: Under 25 25-59 60+ _____

Driver Information: (Complete this section only if you would like to perform service as a volunteer driver.)

Do you have a valid CA driver's license? Yes ___ No ___
Driver's license # _____ Expiration Date: _____
Your car make: _____ Model: _____ Year: _____ is insured with
the _____ through (date of next renewal) _____

Would you be willing to provide volunteer services to this facility? Yes ___ No ___.

Are you in good health and free of any communicable diseases? Yes ___ No ___.

Do you have any special talents you wish to share with our residents? Yes ___ No ___.
If yes, describe: _____

Do you play any musical instruments? Yes ___ No ___ Type _____

What type of activities would you be most interested in helping with ?

If selected to participate in our volunteer program, do you agree to abide by the rules and regulations established by this facility? Yes No

Date: _____ Signature: _____