

**Rainbow Homes  
VOLUNTEER APPLICATION**



2111 Adelpha Ave., Apt. B Holt, MI 48842  
 Phone: 517-699-8454 • Fax: 517-699-8454  
 rainbowhomes@sbcglobal.net  
 Website: www.rainbow-homes.org

Name \_\_\_\_\_ Are you 18 years or older? Y \_\_\_\_\_ N \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Driver's License # \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Social Security # \_\_\_\_\_ E-mail \_\_\_\_\_

Local Address: \_\_\_\_\_

Street City State Zip \_\_\_\_\_

Home Address: \_\_\_\_\_

Street City State Zip \_\_\_\_\_

Church Affiliation (optional) \_\_\_\_\_

(Not answering the above question will in no way exclude you from obtaining a volunteer position at Rainbow Homes. In keeping with our mission, the above information can be helpful in matching consumers with potential volunteers.)

**Provide information on your current employer if applicable, in the space below:**

Company/Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Dates of Employment (starting/ending) \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service and achievement?

Yes \_\_\_ No \_\_\_ Is this a requirement for employment? Yes \_\_\_ No \_\_\_

**Provide information on your current school program if applicable, in the space below:**

School \_\_\_\_\_ Grade \_\_\_\_\_ Degree \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Required area of volunteering \_\_\_\_\_

Is this a requirement for class/portfolio? Yes \_\_\_ No \_\_\_ How many hours required? \_\_\_\_\_

Special Training, Skills, Hobbies \_\_\_\_\_

Groups, Clubs, organization memberships \_\_\_\_\_

Please describe your prior volunteer experience \_\_\_\_\_

Why do you want to volunteer at Rainbow Homes? \_\_\_\_\_

Please circle days and time you are available for volunteer work.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoon							
Evening							

**Please give two local references not related to you.**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

**Have you even been convicted of a crime?** Yes \_\_\_ No \_\_\_

If so, for what? \_\_\_\_\_

(A conviction is not a barrier to volunteering, but will be considered based on the relationship of your conviction to the requirements for the position.)

**Check the following areas that you are interested in volunteering for:**

- |  |  |
|--|--|
| <input type="checkbox"/> Advocate for disability ministry  | <input type="checkbox"/> Men's group                   |
| <input type="checkbox"/> Assist/Lead art/Craft activity    | <input type="checkbox"/> Personal care                 |
| <input type="checkbox"/> Chores/seasonal cleaning          | <input type="checkbox"/> Public speaking               |
| <input type="checkbox"/> Clerical/office work              | <input type="checkbox"/> Reading/Library group         |
| <input type="checkbox"/> Community Service Hours           | <input type="checkbox"/> Respite care                  |
| <input type="checkbox"/> Event planning                    | <input type="checkbox"/> Senior connection, RSVP, AARP |
| <input type="checkbox"/> Events planning-Saturdays         | <input type="checkbox"/> Special Projects              |
| <input type="checkbox"/> Friendly visitor/Adult companion  | <input type="checkbox"/> Sports                        |
| <input type="checkbox"/> Gardening                         | <input type="checkbox"/> Teaching a leisure skill      |
| <input type="checkbox"/> Grocery shopping/training         | <input type="checkbox"/> Teaching Basic Living skills  |
| <input type="checkbox"/> Group projects                    | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Hair styling/make-up/nails        | <input type="checkbox"/> Writing for residents         |
| <input type="checkbox"/> Internship/Volunteer Requirements | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Maintenance/janitorial            |  |

\*\*\*\*I authorize investigation of all statements contained in this application and certify that all information is accurate. As a volunteer of Rainbow Homes, I will uphold the philosophy and mission of Rainbow Homes.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

Placed Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Activity(s) \_\_\_\_\_

Resident(s) working with: \_\_\_\_\_

Special Arrangements Needed \_\_\_\_\_

Kept commitment \_\_\_\_\_ Concerns: \_\_\_\_\_

Application \_\_\_\_\_ Criminal record check \_\_\_\_\_ Medical Reference \_\_\_\_\_

Comments: \_\_\_\_\_



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Dear Volunteer

In order to complete our files for volunteers, we would appreciate your completing the following form.

In lieu of a physical for our volunteers, we ask that individuals interested in volunteering for Rainbow Homes to voluntarily provide the information about their medical history. This form is not an attempt to restrict anyone from volunteering nor is it intended to gain access to confidential information. Rather, it's use is merely to ensure the safety and security of our volunteers, residents and staff as well as ensure the best, most appropriate setting for our volunteers.

Thank you for your cooperation in helping us extend our services to the community.

Rainbow Homes is a Christian non-profit providing housing and services for adults with cognitive disAbilities. Member of Michigan Assisted Living Association.

# Rainbow Homes Volunteer Medical Reference



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Name \_\_\_\_\_ Are you 18 years or older? Y \_\_\_\_ N \_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Have you recently received any of the following:

Last TB Test \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Results: \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_

Updated on your Hepatitis B screening? \_\_\_\_ Yes \_\_\_\_ No Date of last Tetanus Shot \_\_\_/\_\_\_/\_\_\_

Date of most recent physical exam \_\_\_/\_\_\_/\_\_\_ Were results of the exam normal? \_\_\_\_ Yes \_\_\_\_ No

If not, please indicate how this might affect your participation at Rainbow Homes. \_\_\_\_\_

Are there any physical disabilities that could affect some areas of volunteer service at Rainbow Homes? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

Is there anything in your medical history that we should know about? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Rainbow Homes**  
**Waiver of Liability and Release of Claim**  
**Pertaining to Police Information**



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I hereby authorize \_\_\_\_\_ Police/Sheriff's Department to release any information it may have in its records or may obtain from other sources inclusive of the L.I.E.N. under my name, birthday and social security number, including my fingerprints, to Rainbow Homes. I hereby release and forever discharge

Police/Sheriff's Department and Rainbow Homes and its agents, officers and employees from any and all actions, causes of action, claims and demands for, upon or by reasons of any damages, loss or injury, which may sustained by me in the nature of libel, slander, invasion of privacy or other resulting from errors or omissions in the information given or from use of the information, whether by reason or unauthorized use, negligence or otherwise.

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 (Print) (Sign)

Maiden/Other Name used \_\_\_\_\_  
 (Print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Birthday \_\_\_\_\_ Social Security # \_\_\_\_\_

Michigan Driver's License # \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Previous Addresses (in last five years)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF MICHIGAN}

SS}

COUNTY OF INGHAM}

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared \_\_\_\_\_, who being duly sworn, says that he/she signed the above liability and release of claims.

\_\_\_\_\_  
 Notary Public  
 County, Michigan

My commission expires: \_\_\_\_\_