



Mother of Good Counsel Home
 6825 Natural Bridge Road
 St. Louis, MO 63121-5397
 314-383-4765 (Phone) 314-383-7256 (FAX)
 www.mogch.org

Mother of Good Counsel Home Volunteer Application

Thank you for your interest in Mother of Good Counsel Home's Volunteer Program! Most of our volunteers work directly with our residents. There are occasionally some opportunities to assist with mailings and other similar tasks. Our Auxillary has several committees that offer additional volunteer options as well.

Name (please print): _____
 Phone: Home: _____ Cell: _____ Work: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Email: _____

Please check the volunteer opportunities you may be interested in :

- | | | | | |
|---|--|--|--|-------------------------------------|
| <input type="checkbox"/> Group Programs | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Parties | <input type="checkbox"/> Games | <input type="checkbox"/> Sing Along |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Current Events | <input type="checkbox"/> Gardening | <input type="checkbox"/> Fitness | |
| One on One / Small Group Interactions: | | <input type="checkbox"/> Friendly Visits | <input type="checkbox"/> Letter Writing | |
| <input type="checkbox"/> Reminiscing | <input type="checkbox"/> Reading | <input type="checkbox"/> Manicures | <input type="checkbox"/> Board Games/Cards | |
| Independent: | <input type="checkbox"/> Musical Performance | <input type="checkbox"/> Educational Talks | | |

Please check off the times you are available.

How frequently are you planning to volunteer?

- Just once
 Daily
 Several times a week
 Once a week
 Several times a month
 Once a month

	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Mother of Good Counsel Home is required to run a criminal background check on all staff members and volunteers. The following information is required and shall be kept confidential.

Date of Birth: _____

Social Security Number: _____

Signature: _____ Date: _____

After filling out this application, please send or bring to:

Mother of Good Counsel Home Attn: Sister. M. Juliana
6825 Natural Bridge Road St. Louis, MO 63121

*You will be contacted when your application has been processed.