

5. Why are you interested in this program?

6. How do you feel about your ability to listen and communicate, especially during the emotionally difficult situations which frequently arise during illness, injury, aging and dying?

7. If you have ever participated in any programs or practices which emphasize personal or spiritual development, please mention those you found most meaningful:

8. Raggedy Ann & Andy volunteers make a commitment to visit nursing homes at least once a week, for 2 hours. Please indicate which day(s) of the week you would be available to volunteer. After the day please show the time of day you prefer: morning, afternoon or evening:

Mon o _____ Tues o _____ Wed o _____
Thurs o _____ Fri o _____ Sat o _____ Sun o _____

9. Which volunteer training seminar can you attend? (See blue sheet for seminar dates and times.)

Date: _____

10. List three references who know you well (not your family or Adventures in Caring staff.) These people should be aware of your communication skills, and either your work in the health/helping professions or your volunteer work.

i. Name _____ Phone _____

Address _____ City _____ Zip _____

ii. Name _____ Phone _____

Address _____ City _____ Zip _____

iii. Name _____ Phone _____

Address _____ City _____ Zip _____

Next of kin (in case of emergency): Name _____ Phone _____

11. I understand that not everyone is well-suited to volunteering as Raggedy Ann or Raggedy Andy, and that attending the volunteer training seminar does not guarantee my being accepted into the Raggedy Ann & Andy Visiting Program. This decision is made by the Adventures in Caring training staff, and depends on one's suitability as the character Raggedy Ann or Raggedy Andy, and on adequate interpersonal skills. If I am not accepted into the program, I will receive a full refund of the training fee.

Signed

Date

Please return this form to: Adventures in Caring, P.O. Box 3859, Santa Barbara, CA 93130
Fax: 805/563-7678