

SLMC VOLUNTEER INTEREST FORM

As a volunteer it is important that you enjoy your time spent with us in Long Term Care. By knowing your interests in advance, we can pair you with residents with similar interests and better determine good times for you to volunteer.

Please mark all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Bingo |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Card and Board Games |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Spiritual Programs |
| <input type="checkbox"/> Exercise, Physical activities | <input type="checkbox"/> Group Socials |
| <input type="checkbox"/> Word Games/Trivia | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Manicures/Beauty | <input type="checkbox"/> Animals |

Name: _____ Date: _____

Contact Number: _____

Please fill out and return to: Activity Department
South Lyon Medical Center
P.O. Box 940
Yerington, NV 89447
775-463-6403

Or email to: Cathy.Wilson@slmcnv.org