



## Tucson Jewish Community Center

### Elder Rehab Student Application Form

Date Submitted \_\_\_\_\_

Date/Time Received \_\_\_\_\_

Name \_\_\_\_\_ Available Fall 2017? \_\_\_ Spring 2018? \_\_\_\_\_

Specify time periods when you are available.

2 hour time periods available on: Tues. betw 10- 6: \_\_\_\_\_ Thurs. betw 10-6: \_\_\_\_\_

Mon. betw 2-6 \_\_\_\_\_ Wed. betw 2-6 \_\_\_\_\_ Fri. betw 2-6 \_\_\_\_\_ Sun. betw 10-6 \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_ Current CPR? \_\_\_\_\_  
(required before beginning internship or volunteering)

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Current Semester (as of fall '17): (1st , 2nd, etc.) \_\_\_\_\_ Major \_\_\_\_\_

Career Goal \_\_\_\_\_ Grad School? \_\_\_\_\_

Local Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Living arrangement (alone, w/ roommate(s), etc.) \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parents' (Your permanent) address \_\_\_\_\_

Parents' Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a car or access to a car? \_\_\_\_\_ License? \_\_\_\_\_ Car Insurance? \_\_\_\_\_

Can you get parents' OK to drive another student or your senior partner in your car? \_\_\_\_\_

Describe any experience working out on gym equipment, such as treadmill, stationary bike, weight machines or other physical activities (i.e., yoga, dance, sports, etc.).

Name \_\_\_\_\_

Do you have a pet or is there some other interest, craft, or musical activity that you could lead ?  
Describe.

Describe any previous volunteer experience:

Previous work experience:

Do you have a family member or friend who had or has Alzheimer's or a similar disorder involving memory loss and communication difficulties?

If yes,

Describe \_\_\_\_\_

Reasons for wanting to be an Elder Rehab volunteer or intern

**Submit to Dr. Sharon Arkin at [arkinaz@earthlink.net](mailto:arkinaz@earthlink.net).**

**Questions? Call Dr.Arkin 520-603-2912**