

VOLUNTEER APPLICATION (SNF/AL ONLY)

(PLEASE PRINT)

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____ HOURS YOU WORK: _____

IF WE NEED TO REACH YOU AT WORK MAY WE? YES _____ NO _____

IN CASE OF AN EMERGENCY WHOM SHOULD WE CONTACT?

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

WHO REFERRED YOU TO HCR MANOR CARE? _____

PREVIOUS EXPERIENCE WITH ELDERLY (GRANDPARENTS, PARENTS, ETC)? _____

WHAT INTERESTS YOU ABOUT VOLUNTEERING AT A HEALTH CARE LOCATION? _____

HAVE YOU EVER VOLUNTEERED IN A HEALTH CARE LOCATION? YES _____ NO _____

IF YES, WHERE? _____

DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH? YES _____ NO _____

IF YES, WHAT LANGUAGE? _____

WOULD YOU BE WILLING TO ACT AS A TRANSLATER? YES _____ NO _____

EDUCATION BACKGROUND: _____

PRESENT OCCUPATION: _____

SPECIAL TRAINING, INTEREST, HOBBIES OR SKILLS: _____

(continued)

REFERENCES:

NAME	ADDRESS	PHONE
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

AVAILABILITY:	SUN	MON	TUES	WED	THURS	FRI	SAT
TIME:							
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARE YOU REPRESENTING AN ORGANIZATION? YES _____ NO _____

IF YES, PLEASE NAME ORGANIZATION: _____

SERVICES/SKILLS YOUR ORGANIZATION IS INTERESTED IN SHARING: _____

VOLUNTEER AGREEMENT

HCR ManorCare complies with all laws regarding discrimination. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for volunteer services because of his or her race, color, religion, sex, age, national origin, ancestry, citizenship status, disability, handicap or any other health protected category.

I hereby apply for a volunteer position with _____ (Location) and I understand that any position given to me will be on an introductory basis of ninety days. Any false statements made on this application will be considered sufficient cause for dismissal.

I hereby authorize _____ (Location) to make inquiry of all persons, schools, and former employers to supply information, oral and written, concerning my character, general reputation, personal characteristics, etc., and to furnish reports to the center. I hereby authorize _____ (Location) to perform the necessary background checks within the guidelines of specific state and federal laws. I hereby release them and _____ (Location) from any and all liability and responsibility by reason of their doing so.

I hereby certify that I am at least sixteen years of age.

I agree to conform with the rules and regulations to the best of my ability. I agree to respect the confidential nature of my personal contacts with the residents.

I agree to participate in orientation and training.

SIGNATURE: _____

DATE: _____