Volunteer Service Application

Nan	ne			Date:	
	ress:				
City	, State, Zip Code:				
Hon	ne phone #:		_ Cell phone#		
In C	case of Emergency, please notify:				
Pho	ne #	Rela	tionship:		
Date	e of last PPD (Tuberculosis skin test)			
	re you had: Mumps Ru ase circle)	bella C	Chicken Pox	Measles	
Inte	rests / Hobbies:				
Wha	at languages do you speak?				
Мау	we call you to assist in translating,	if necessary?	[☐ Yes ☐ N	0
Are	as of Volunteer service (Please ch	eck each appl	licable area):		
	Take Residents for Walks			Sing / Provide Mus	ic
	Read / Write Letters			Play Musical Instru	ment
	Social Visit			Crochet / Knit / Nee	edlework
	Assist with Religious Services			Assist with Parties,	Social Events
	Assist with Crafts / Games			Assist with Outings	/ Trips
	Clerical Work			Transporting Resid	ents to Activities
	Visit with your Pet			Assist with Garden	ing
	Assist with Hobbies or Interest Gr	oups		Do you have a hob	by to share?
Con	ntemplated duration of your offer o		e Available:		
	1 – 3 Months			:00am – 12:00pm)	
	3 – 6 Months		Afternoon (1:00pm – 4:00pm)	
	6 – 12 Months		Evenings (5	5:00pm – 8:00pm) Tu	es, Weds, Thurs.
	Indefinitely		All Day		
-	rs you are available: Monday □ Tuesday □ Wednes	day □ Thu	ırsday 🗆 Fric	lay □ Saturday	☐ Sunday
Sch	edule of Visits:				
	□ Daily □	□ Weekly	☐ Month	nlv □ Othe	·r

Volunteer Service Application (cont'd)

Name:					
EDUCATION: I have (Check those that apply)	complete	d the following:			
Elementary School		Currently Attending		Graduate Date:	
High School		Currently Attending		Graduate Date:	
Name of High School	l presently	attending			
Address of High Scho	ool:				
Phone # of High Scho	ool:				
College (Name)		Currently	Attending	g 🗆 Graduate Date:	
I chose to volunteer a	at Rooseve	elt Care Center because			
					-
					-
					-
OCCUPATION:					
Community Affiliation	on, Volun	teer experience:			
					-
Name of your Superv	visor:				
Organization:					
Phone #					

Volunteer Service Application (cont'd)

Employment Brief

Employer	Telephone			Dates (From – To)
Address		Job Title		I
Duties				
Supervisor		Reason for Lea	aving	
Employer	Telephone		Dates (From – To)	
Address		Job Title		
Duties				
Supervisor		Reason for Leav	ring	
Employer	Telephone		Dates (From – To)
Address		Job Title		
Duties				
Supervisor		Reason for Leav	ving	
Employer	Telephone		Dates (From – To)
Address		Job Title		
Duties				
Supervisor		Reason for Leav	ving	
Have you been convicted of a	felony in the pas	t 7 years?	Yes	No
If yes, explain				
I certify that all information on this appl cause for removal from service. Also,	lication is accurate a	nd true to the best of e Roosevelt Care Ce	my ability and I under enter to verify any infor	stand that a misrepresentation is mation on or related to this application.
Signature				

Volunteer Service Application (cont'd)

VOLUNTEER REFERENCES

THIS SECTION MUST BE COMPLETED TO PROCESS YOUR APPLICATION

PLEASE LIST THREE (3) REFERENCES:

1.	NAME:	
	_	
	PHONE #:	
2.	NAME:	
	ADDRESS: _	
	_	
	PHONE #:	
3.	NAME:	
	PHONE #: _	

Volunteer Service Application (cont'd)

PARENT'S AGREEMENT

APPLICANTS UNDER AGE 18 MUST COMPLETE THIS FORM.

Name	e of Ap	plica	nt:											
I here	by giv	e my	per	mission fo	r my :	son / daug	hter to join	the V	oluntee	ers of	f Roosevelt	Care	Cente	er. He/she
may	work	as	а	volunteer	in	whatever	services	he	/ she	is	assigned.	То	my	knowledge,
						is fre	ee from cor	ntagio	us dise	ase	and there i	s no d	contra	indication to
his / I	her per	form	ing '	volunteer a	activit	y at Roose	evelt. I rea	lize the	e respo	onsib	ility of the o	organi	zation	and myself
as a p	oarent.	l wi	ll pro	ovide trans	porta	ition for my	son / dau	ghter v	vhile h	e / sł	ne is a volui	nteer	at Ro	osevelt Care
Cente	er.													
Date:				Sig	natur	e of Paren	t / Guardia	n						
				oosevelt C	are C	enter to gi		treatn			ATMENT son/daughte	er in c	ase of	f incident,
			•				n emergend							
Date.				31(griatu	ie di Palei	ii/Guaruiai	I						_
Plea	se lis	st ar	ıy a	llergies	or re	elated m	edical in	form	ation	yοι	ı feel ma	y be	impo	ortant.
Comr	ments:													

Volunteer Service Application (cont'd)

Signature

ow STERLING TESING SYSTEMS, INC. to conduct a background investigation, which may include a conviction check, credit report or payartment of Motor Vehicle report on myself for the mutual benefit of myself and Roosevelt Care Center. Intereby agree that the results of such investigation and its conclusions may be used by STERLING TESTING SYSTEMS, INC., its office of employees both orally and in writing, in order to process my volunteer application. I also understand if my application for volunteers anded, Roosevett Care Center may obtain further information in through subsequent investigations by a consumer reporting agency, so adate, renew, or extend my service, unless a new authorization is required to be executed under state law. I full well understand that it is background investigation and the conclusions drawn therefore from STERLING TESTING SYSTEMS, INC., its officers and employees, and Roosevelt Care Center free and harmle aim I might otherwise have against them for any damages or liability to me resulting from this background investigation. Indigination of the control of a criminal record will not automatically disqualify me from volunteer consideration and that my case will be its ments. I do however understand that falsification of information on my application may bring about rimenciate dismissal. Intereby authorize STERLING TESTING SYSTEMS, INC. to contact any of my past employers or listed reference, educational institution were received a stand alone, consumer notification that a consumer report will be requested and used for the purpose of evaluating mid retention. Interest prelease, waive, and forever discharge each of the above named corporations, firms, their respective Officers, agents, employee my former employers of all actions or cause of action, claim, demand or liability which I have now or may have resulting directly or inconducting this background investigation. It hame Middle Name/Initial Middle Name/Initial Middle Name/Initial Middle Name/Initial Middle Name/Initial	with STERLING TESING SYSTEMS, INC. to conduct a background investigation, which may include a conviction check, credit report operatment of Motor Vehicle report on myself for the mutual benefit of myself and Roosevelt Care Center. In the street of Motor Vehicle report on myself for the mutual benefit of myself and Roosevelt Care Center. In the street of Motor Vehicle report on myself for the mutual benefit of myself and Roosevelt Care Center. In the street of the street	SIEKLI	NGIE	311r	1G 3)13	I EN	113																	
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Volunteer Service Application (cont'd)

Commitment to Confidentiality

Name of /olunteer:
(please print)
Гelephone #:
,, understand my
obligation to maintain complete confidentiality of information in order to protect residents
clients, families and members of Roosevelt Care Center's staff from improper disclosure
of confidential information. I also understand that confidentiality must be maintained
egardless of the source of information, i.e., the spoken word, the medical record
resident chart), computer records, financial reports, statistical data, minutes of
neetings, personal files, or other records of Roosevelt Care Center, and that access to
nformation and dissemination of information are both subject to confidentiality
standards. Violation of this standard or inappropriate dissemination of information will be
considered a breach of Roosevelt Care Center's Code of Ethics and will be subject to
mmediate review and serious consequences, up to and including termination of service.
/olunteer's signature Date