

Roosevelt Care Center

Volunteer Service Application

Name _____ Date: _____

Address: _____

City, State, Zip Code: _____

Home phone #: _____ Cell phone# _____

In Case of Emergency, please notify: _____

Phone # _____ Relationship: _____

Date of last PPD (Tuberculosis skin test) _____

Have you had: Mumps Rubella Chicken Pox Measles
(Please circle)

Interests / Hobbies: _____

What languages do you speak?

May we call you to assist in translating, if necessary? Yes No

Areas of Volunteer service (Please check each applicable area):

- | | |
|---|---|
| <input type="checkbox"/> Take Residents for Walks | <input type="checkbox"/> Sing / Provide Music |
| <input type="checkbox"/> Read / Write Letters | <input type="checkbox"/> Play Musical Instrument |
| <input type="checkbox"/> Social Visit | <input type="checkbox"/> Crochet / Knit / Needlework |
| <input type="checkbox"/> Assist with Religious Services | <input type="checkbox"/> Assist with Parties, Social Events |
| <input type="checkbox"/> Assist with Crafts / Games | <input type="checkbox"/> Assist with Outings / Trips |
| <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Transporting Residents to Activities |
| <input type="checkbox"/> Visit with your Pet | <input type="checkbox"/> Assist with Gardening |
| <input type="checkbox"/> Assist with Hobbies or Interest Groups | <input type="checkbox"/> Do you have a hobby to share? |

Contemplated duration of your offer of service:

- 1 – 3 Months
 3 – 6 Months
 6 – 12 Months
 Indefinitely

Time Available:

- Morning (9:00am – 12:00pm)
 Afternoon (1:00pm – 4:00pm)
 Evenings (5:00pm – 8:00pm) Tues, Weds, Thurs.
 All Day

Days you are available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Schedule of Visits:

Daily Weekly Monthly Other

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Volunteer Service Application *(cont'd)*

Name: _____

EDUCATION: I have completed the following:
(Check those that apply)

Elementary School Currently Attending Graduate Date: _____

High School Currently Attending Graduate Date: _____

Name of High School presently attending _____

Address of High School: _____

Phone # of High School: _____

College (Name) _____ Currently Attending Graduate Date: _____

I chose to volunteer at Roosevelt Care Center because. . . .

OCCUPATION: _____

Community Affiliation, Volunteer experience: _____

Name of your Supervisor: _____

Organization: _____

Phone # _____

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Volunteer Service Application *(cont'd)*

Employment Brief

Employer	Telephone	Dates (From – To)
Address		Job Title
Duties		
Supervisor		Reason for Leaving

Employer	Telephone	Dates (From – To)
Address		Job Title
Duties		
Supervisor		Reason for Leaving

Employer	Telephone	Dates (From – To)
Address		Job Title
Duties		
Supervisor		Reason for Leaving

Employer	Telephone	Dates (From – To)
Address		Job Title
Duties		
Supervisor		Reason for Leaving

Have you been convicted of a felony in the past 7 years? Yes No

If yes, explain _____

I certify that all information on this application is accurate and true to the best of my ability and I understand that a misrepresentation is cause for removal from service. Also, I agree and authorize Roosevelt Care Center to verify any information on or related to this application.

Signature

Roosevelt Care Center

Volunteer Service Application *(cont'd)*

VOLUNTEER REFERENCES

THIS SECTION MUST BE COMPLETED TO PROCESS YOUR APPLICATION

PLEASE LIST THREE (3) REFERENCES:

1. NAME: _____

ADDRESS: _____

PHONE #: _____

2. NAME: _____

ADDRESS: _____

PHONE #: _____

3. NAME: _____

ADDRESS: _____

PHONE #: _____

Applicant's Signature

Date

Roosevelt Care Center

Volunteer Service Application *(cont'd)*

PARENT'S AGREEMENT

APPLICANTS UNDER AGE 18 MUST COMPLETE THIS FORM.

Name of Applicant: _____

I hereby give my permission for my son / daughter to join the Volunteers of Roosevelt Care Center. He / she may work as a volunteer in whatever services he / she is assigned. To my knowledge, _____ is free from contagious disease and there is no contraindication to his / her performing volunteer activity at Roosevelt. I realize the responsibility of the organization and myself as a parent. I will provide transportation for my son / daughter while he / she is a volunteer at Roosevelt Care Center.

Date: _____ Signature of Parent / Guardian _____

PARENTAL CONSENT FOR MEDICAL TREATMENT

I hereby authorize Roosevelt Care Center to give medical treatment to my son/daughter in case of incident, accident or illness, if unable to contact me in an emergency.

Date: _____ Signature of Parent/Guardian _____

Please list any allergies or related medical information you feel may be important.

Comments: _____

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Volunteer Service Application *(cont'd)*

Commitment to Confidentiality

Name of

Volunteer: _____

(please print)

Telephone #: _____

I, _____, 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 regardless of the source of information, i.e., the spoken word, the medical record (resident chart), computer records, financial reports, statistical data, minutes of meetings, personal files, or other records of Roosevelt Care Center, and that access to information 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 immediate review and serious consequences, up to and including termination of service.

Volunteer's signature

Date