

POWHATAN NURSING HOME VOLUNTEER APPLICATION

NAME: _____

ADDRESS _____

CITY _____

PHONE (H) _____

(W) _____

BIRTH DATE _____ SEX (M) OR (F)

MARITAL STATUS (SINGLE, MARRIED OR WIDOWED) _____

CURRENT SCHOOL OR EMPLOYER:

CURRENT GRADE LEVEL _____

SCHOOL GROUP AFFILIATION:

COMMUNITY AFFILIATION:

PREVIOUS VOLUNTEER EXPERIENCE:

REASON FOR VOLUNTEERING:

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME _____ RELATIONSHIP _____

TELEPHONE _____

TIME AVAILABLE: (PLEASE BE SPECIFIC)

MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY, OR SUNDAY

___ ALL DAY (10:00 AM - 3:00 PM) ___ HALF DAY (10:00 A.M. -12:30 OR 12:30 - 3:00 PM)

___ PARTIAL DAY (1 - 2 HOURS) ___ AM ___ PM

WOULD YOU CONSIDER VOLUNTEERING FOR SPECIAL EVENTS IN
ADDITION TO REGULAR HOURS? YES ___ OR NO ___

PLEASE CHECK (✓) YOUR HOBBIES, SKILLS, AND SPECIAL INTERESTS

SEWING	___	PLAY PIANO	___
KNITTING	___	PLAY OTHER INSTRUMENTS	___
CROCHET	___	SING ALONG	___
NEEDLEPOINT	___	THEATER/DRAMA	___
WEAVING	___	OTHER ENTERTAINMENT	___
BRIDGE	___	CRAFTS/CERAMICS	___
BINGO	___	CLERICAL WORK	___
SPORTS	___	MEN'S CLUB	___
LEAD A DISCUSSION GROUP	___		

ABILITY TO USE A COMPUTER? YES ___ OR NO ___

CAN YOU SPEAK A FOREIGN LANGUAGE? _____ HOW FLUENT? _____

HOW DID YOU HEAR ABOUT POWHATAN NURSING HOME?

CONFIDENTIALITY CLAUSE

VOLUNTEERS, THE RESIDENTS OF OUR FACILITY HAVE THE RIGHT OF PRIVACY AND CONFIDENTIALITY UPON ADMISSION. WE ASK THAT YOU RESPECT THIS PRIVACY BY NOT OBTAINING INFORMATION FROM THE CHART, TELEPHONING FAMILIES OR RESPONSIBLE PARTIES OR PHOTOGRAPHING RESIDENTS WITHOUT PERMISSION. ALL RESIDENTS MUST HAVE PRIOR OBTAINED WRITTEN PERMISSION BEFORE THEIR PHOTOGRAPHS MAY BE TAKEN. PLEASE RESPECT THIS RIGHT.

ESCORTING RESIDENTS OFF THE PROPERTY, OUT OF THE SPENDING RESIDENT'S MONEY, HOME VISITS ARE NOT PERMITTED WITHOUT PRIOR PERMISSION.

ALL VOLUNTEERS ARE REQUIRED TO GO THROUGH A VOLUNTEER ORIENTATION PRIOR TO STARTING THEIR VOLUNTEER SERVICE.

REFERENCES:

NAME: _____ NAME: _____

ADDRESS _____ ADDRESS _____

CITY _____ CITY _____

HOW LONG HAVE YOU KNOWN THE ABOVE REFERENCES? _____

I HAVE READ AND UNDERSTAND THE ABOVE, WITH MY SIGNATURE.

PLEASE SIGN FULL LEGAL NAME

NAME: _____ DATE: _____

PARENT'S SIGNATURE _____ DATE: _____

(17 YEARS OF AGE OR UNDER ONLY)