

BROTHERS OF MERCY NURSING & REHABILITATION CENTER VOLUNTEER APPLICATION

Complete in ink only! You must complete all information on this application form.

Our volunteer service program is committed to a policy of equal opportunity for all applicants volunteering in the facility. This policy applies to accepting, orienting, training, assigning and supervising volunteers regardless of race, color, creed, national origin, ancestry, sex, age, marital status, citizenship, veterans' status, sexual orientation, predisposing genetic characteristics, domestic violence victim status, disability or any other legally protected status.

NAME: _____
(Last) (First) (M.I.)

EMAIL ADDRESS: _____ TODAY'S DATE: _____

CURRENT ADDRESS: _____
 (Street) (City) (State) (Zip)

TELEPHONE #: _____ CELL #: _____

SCHEDULE OF SERVICE:

Day(s) of week available

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Time of day available

Morning: Afternoon: Evening:

AREAS OF INTEREST:

- ___ Activities: Assisting residents with scheduled programs, (e.g. bingo & parties)
Also assisting with a variety of assignments depending on the resident's need.
- ___ Bible Reader: Read the bible to residents on a regular and continuous basis
- ___ Central Service: Stocking shelves
- ___ Friendly visiting: Socialize or initiate individual activities with residents.
- ___ Gift shop attendant: Open and close the gift shop and assist with sales.
- ___ Mail distribution: Sort and deliver residents/patients US mail.
- ___ Office assistant: General clerical assistance.
- ___ Seamstress: Mending and simple alterations to residents clothing.
- ___ Transport volunteer: Transport patients/residents to and from Spiritual care
Services, in-house therapy, beauty shop or dental appointments

Other: _____

TECHNICAL SKILLS: List experience, responsibilities, skills, other volunteer work, etc.					
EDUCATION					
School	Name & Location	Course of Study	# Yrs Completed	Did You Graduate ?	Degree or Diploma
Graduate					
College					
Business/ Trade/ Technical					
High School					

Are you a United States Veteran? Yes / No If yes, which branch? _____

PERSONAL DATA:

Where Did You Hear About Our Volunteer Program?

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:	
Name	Relationship
Address (include full street address,city, state, zip)	Telephone ()

DECLARATION: I declare that all statements contained in this application are true and correct, to the best of my knowledge, and I authorize Brothers of Mercy to make any inquiry to determine my suitability for volunteering, with the understanding that any misrepresentations or omissions made herein will be just and due cause for my discharge from volunteering regardless of when such misrepresentation may be discovered.

I agree to submit to any medical procedures as required by Brothers of Mercy and any applicable regulations. I understand that I may terminate my volunteer status at any time for any reason and that Brothers of Mercy reserves the same right.

Print Name: _____

Signature: _____

Today's Date: _____

Approved to Volunteer:

Volunteer Coordinator or Designee

Date: _____

Internal Use Only: Do not complete...

PROFESSIONAL LICENSE, REGISTRATION, CERTIFICATE OR PERMIT (WHERE APPLICABLE)		
Type:	Number:	Issued By:
Expiration Date:	OFFICE USE/Verified By/ Date:	

To Be Completed by Volunteer Coordinator / Human Resources:

NYS Aide Registry Check Completed: _____

Office of Professionals Check Completed: _____

OIG / OMIG x2 Check Completed: _____

NYS Dept of Corrections Check Completed: _____

Sex Offender Registry Check Completed: _____