# **BROTHERS OF MERCY NURSING & REHABILITATION CENTER VOLUNTEER APPLICATION**

### Complete in <u>ink</u> 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, veteran 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	e) (Zip)	
TELEPHONE #:	CELL #:		
<u>SCHEDULE OF SERVICE</u> :	Date of Birth (MM/DD/YY	YYY)	
Day(s) of week available Sun Mon	Tues Wed Th	hurs Fri Sat	
Time of day available Morning:	Afternoon: Ever	ning:	

### **AREAS OF INTEREST:**

- <u>Activities</u>: 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
- <u>Central Service</u>: Stocking shelves
- <u>Friendly visiting</u>: Socialize or initiate individual activities with residents.
- \_\_\_\_\_ Gift shop attendant: Open and close the gift shop and assist with sales.
- <u>Mail distribution</u>: Sort and deliver residents/patients US mail.
- <u>Office assistant</u>: General clerical assistance.
- <u>Seamstress</u>: Mending and simple alterations to residents clothing.
- <u>Transport volunteer</u>: 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:	
	Date:
Volunteer Coordinator or Designee	

### Internal Use Only: Do not complete...

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

<u>To Be Completed by Volunteer Coordinator / Human Resources:</u> 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: \_\_\_\_\_