## 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 #:	C	CELL #:		
	BIRTHDAY (M	IM/DD/YYYY)		
SCHEDULE OF SERVICE		· /		
Day(s) of week available				
	Tues We	d. Thurs.	Fri. S	Sat.
			~ ~ ~ ~ ~	
Time of day available				
Morning:	Afternoon:	Evening:		
ADEAC OF INTEDECT.				
AREAS OF INTEREST:				
Activities: Assisti	ng residents with schedu	ıled programs (e.g	hingo & partie	s)
	h a variety of assignmen			
	ad the bible to residents			
Central Service: S		on w 1080101 0110 00		
	Socialize or initiate indi	vidual activities w	ith residents.	
	nt: Open and close the gi			
	Sort and deliver residen	•		
· ·	General clerical assistance	-		
	ling and simple alteration		hing.	
	er: Transport patients/re			
	e therapy, beauty shop or			
Other:	1 J / Series of Series	rr ·		

TECHNICAL SKILLS: List experience, responsibilities, skills, other volunteer work, etc.								
	EDU	CATION						
School	Name & Location	Course of Study	# Years 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?								
PERSON TO BE NOTIFIED IN CASE OF EMI Name				Relationship				
Address (include full street address, city, state, zip)			Telephon	Telephone				

<u>DECLARATION</u>: 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:		
Γodays Date:		
Approved to Volunteer:		
Volunteer Coordinator or Designee	Date:	

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

PROFESSIONAL LICENSE, REGISTRATION, CERTIFICATE OR PERMIT						
Number:	Issued By:					
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:						
	(WHERE APPLICABLE)  Number:  OFFICE USE/Verified By/Date:  ordinator / Human Resources: ed:  pleted:  completed:					