

ACTIVITIES VOLUNTEER APPLICATION



<i>Contact Information</i>		
Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Are you at least 16 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Current occupation:		

Why are you interested in volunteering at DDSNF? _____

Have you ever worked or volunteered at a Skilled Nursing Facility? YES NO

<i>Availability</i>							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

<i>Interests and Hobbies (check all that apply)</i>		
<input type="checkbox"/> Entertaining	<input type="checkbox"/> Reading	<input type="checkbox"/> Leading Groups
<input type="checkbox"/> Singing	<input type="checkbox"/> Dancing	<input type="checkbox"/> Sewing
<input type="checkbox"/> Crafts	<input type="checkbox"/> Hairstyling	<input type="checkbox"/> Baking
<input type="checkbox"/> Playing an instrument	<input type="checkbox"/> Playing Sports	Other:

<i>Emergency Contact</i>		
Name:	Relationship:	
Address:		
City:	State:	Zip Code:
Home Phone:	Message Phone:	

Volunteer Signature: _____

Date: _____



STATEMENT OF VOLUNTEER

I hereby state that I understand I am volunteering to perform work duties for Delano District Skilled Nursing Facility, Activities Department Volunteer Program, without expectation that I will be paid any wages or salary of any type of compensation for my work.

As a volunteer, I realize that I have no legal claims for minimum wages, overtime premiums, unemployment compensation, or other provisions of law for employees, rather it is my desire to help”.

Signature: _____ Date: _____
Volunteer

Signature: _____ Date: _____
Parent/Legal Guardian (if under age 18)

VOLUNTEER CONFIDENTIALITY STATEMENT

I, _____, hereby agree to regard all information received in the
Print Name
performance of my volunteer work in this health care facility as confidential.

I understand that this facility respects Resident’s rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and keep “professional” confidentiality in all my statements outside this facility. I agree to respect Resident’s rights to privacy, as well as those of the family, whenever I make community presentations or participation in volunteer recruitment programs. The content of these presentations will be approved in advance by the Activities Director.

Signature: _____ Date: _____
Volunteer

Parental Consent for Minors (under the age of 18)

I give permission for _____ who is my _____
Minor Relationship
to participate in volunteer work at Delano District Skilled Nursing Facility within the Activities Department.

Signature of parent/legal guardian

Date

