

MORAVIAN HALL SQUARE RETIREMENT COMMUNITY

ADULT VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle BIRTH MONTH \_\_\_\_\_ Day \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

Telephone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

AGE BRACKET: Under 18 \_\_\_\_\_ 19-35 \_\_\_\_\_ 36-50 \_\_\_\_\_ 51-70 \_\_\_\_\_ Over 70 \_\_\_\_\_

EDUCATION: Highest Grade Completed \_\_\_\_\_  
Major (if College Graduate) \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

WORK EXPERIENCE: Current Occupation: \_\_\_\_\_  
Former Occupation (if retired): \_\_\_\_\_

VOLUNTEER EXPERIENCE: Major Responsibility \_\_\_\_\_

HOBBIES, INTERESTS, SKILLS: \_\_\_\_\_

Days Available \_\_\_\_\_ Time \_\_\_\_\_

Are you available in Summer? \_\_\_\_\_ Holidays? \_\_\_\_\_ Weekends? \_\_\_\_\_

Would you be willing to help with a special event or short term assignments? \_\_\_\_\_

Are you aware of any physical limitations which should be considered in your volunteer assignment?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been dismissed from volunteer services due to abuse of residents or clients?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

VOLUNTEER OPPORTUNITIES – Check Interest:

- \_\_\_\_\_ Friendly Visitor
- \_\_\_\_\_ Care Assistant (fill water pitchers, deliver mail, etc...)
- \_\_\_\_\_ Activities Aides (assist with parties, programs, entertainment, small groups, etc...)
- \_\_\_\_\_ Transport residents in wheelchairs (to activities, Beauty Shop, take for a walk)
- \_\_\_\_\_ Present a program (sing-a-long, book review, play an instrument, etc...)
- \_\_\_\_\_ Read to residents \_\_\_\_\_ Write letters for residents
- \_\_\_\_\_ Feed residents \_\_\_\_\_ Assist with exercises for residents
- \_\_\_\_\_ Chapel Aides
- \_\_\_\_\_ Run a video for residents
- \_\_\_\_\_ Gift Shop Salesperson
- \_\_\_\_\_ Assisted Living Aide (telephone receptionist, fill water pitchers, run errands)
- \_\_\_\_\_ Other \_\_\_\_\_ Specify \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

NAME: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone# \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE # \_\_\_\_\_

**STATEMENT OF COMMITMENT AND CONFIDENTIALITY**

I am aware that staff is depending on me to arrive on scheduled days and time and will be conscientious in reporting all absences.

I understand that all residents of Moravian Hall Square have a right to expect that all medical, personal and financial information is confidential. Therefore, I will not discuss anything I see, hear or read concerning a resident with other volunteers, staff, family members or friends. And I understand that intentional or involuntary violation of that confidentiality may result in dismissal.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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FOR OFFICE USE ONLY:

INTERVIEW SUMMARY

Interview Date: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Assignment \_\_\_\_\_

Area \_\_\_\_\_

Termination Date and Reason \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_