

**St. Ann's
Volunteer Application**

Last Name _____ First Name _____

Address: _____ City: _____

State: _____ Zip: _____ Birthdate: _____

Telephone: (H) _____ (W) _____

AREAS OF INTEREST:

TIME AVAILABLE:

- Resident activities
- Special projects
- Room visits – one on one
- Outings
- Clerical duties

When will you be available to begin? _____

How many hours per week are you available? _____

How long will you commit to volunteering? _____ 1 year _____ Other

Community Service _____ yes _____ How many hours needed.

Do you have available transportation? _____

Have you ever been convicted of a felony? _____

Do you have an outstanding criminal charge pending? _____

Highest level of education: _____ High School _____ College _____ Degree _____

Do you speak a foreign language? _____ Specify: _____

Previous Volunteer Experience: _____

Special interests, hobbies, skills: _____

Why would you like to volunteer for St. Ann's ? _____

How did you hear about St. Ann's ? _____

Do you have any physical/emotional conditions that we should know about before we place you as a volunteer? _____

Person to Notify in Case of Emergency:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Two References (Please do not use family members)

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Office Use Only

First Reference Checked On: _____

Comments: _____

Second Reference Checked On: _____

Comments: _____

Interviewed by: _____

Date: _____

St. Ann's

Volunteer Medical Health Screening

Volunteer Name: _____

All information provided is confidential. Because St. Ann's provides liability for volunteers, it is important we have this information on file.

Date of volunteer's most recent physical: _____

Were the results normal? YES NO

If NO, please indicate how this might affect volunteer's participation as a St. Ann's volunteer.

Please check any of the following which apply to you:

Back Problem or Injury Diabetes High Blood Pressure

Seizures or Convulsions Fainting/Dizziness Other

Chronic Illness or Infection Heart Problem

Explain, if necessary: _____

Regular medications currently taking: _____

Allergies: _____

Last TB Skin Test / Chest x-ray Date: _____ Neg. Pos.

Physicians Name: _____ Telephone: _____

General Comments: _____

Date: _____

Volunteer Signature: _____

St. Ann's Volunteer Confidentiality Statement

I understand and agree that as a volunteer of St. Ann's , I must keep confidential all personal and medical information regarding each Resident. I will not discuss Resident information with anyone except St. Ann's personnel, and then only for the purpose of clarifying my role as a volunteer.

I understand that disclosure of confidential information may result in my termination as a volunteer.

Name: _____

Signature _____

Date _____

Witness _____

Date _____

Please check all activities that you would be interested in participating:

GROUP ACTIVITIES

ARTS & CRAFTS

INDIVIDUAL ACTIVITIES

- | | | |
|--|--|--|
| <input type="checkbox"/> Read Aloud | <input type="checkbox"/> Needle Craft | <input type="checkbox"/> Visit with Residents |
| <input type="checkbox"/> Bingo Caller | <input type="checkbox"/> Knitting | <input type="checkbox"/> Read Aloud |
| <input type="checkbox"/> Card Game Leader | <input type="checkbox"/> Crocheting | <input type="checkbox"/> Writing Letters |
| <input type="checkbox"/> Misc. Table Games | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Current Events | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Personal Errands |
| <input type="checkbox"/> Show Slides | <input type="checkbox"/> Typing | <input type="checkbox"/> Put Bibs On |
| <input type="checkbox"/> Play Instruments | <input type="checkbox"/> Make Posters | <input type="checkbox"/> Play Games |
| <input type="checkbox"/> Plan Parties | <input type="checkbox"/> Make Table Favors | <input type="checkbox"/> Hobbies |
| <input type="checkbox"/> Cooking Demos | <input type="checkbox"/> Ceramics | <input type="checkbox"/> Take to Church |
| <input type="checkbox"/> Conducting Men's Groups | <input type="checkbox"/> Conduct Craft Class | <input type="checkbox"/> Table Games |
| <input type="checkbox"/> Exercise Leader | <input type="checkbox"/> Help w/Craft Class | <input type="checkbox"/> Take misc.carts to rooms |
| <input type="checkbox"/> Help with Parties | <input type="checkbox"/> Arranging Flowers | <input type="checkbox"/> Take Residents for walks |
| <input type="checkbox"/> Pet Therapy | <input type="checkbox"/> Bulletin Boards | <input type="checkbox"/> Help feed residents |
| <input type="checkbox"/> Popcorn Popper | <input type="checkbox"/> Help with Garden | <input type="checkbox"/> Transport res, to activities |
| <input type="checkbox"/> Special Entertainment | <input type="checkbox"/> Conduct Art Class | <input type="checkbox"/> Do mending for residents |
| <input type="checkbox"/> Gardening Class Leader | <input type="checkbox"/> Help w/Art Class | <input type="checkbox"/> Friendly Visiting |
| <input type="checkbox"/> Poetry Leader | <input type="checkbox"/> Other (list) | <input type="checkbox"/> Groom fingernails |
| <input type="checkbox"/> Golfing Leader | | <input type="checkbox"/> Assist individual residents with projects |
| <input type="checkbox"/> Sing-a-long leader | | |
| <input type="checkbox"/> Conducting Rhythm Band | | <input type="checkbox"/> Collect items from vendors |
| <input type="checkbox"/> Accompanying staff on outings | | <input type="checkbox"/> Dining Room Assistant |
| <input type="checkbox"/> Provide Bingo Prizes | | <input type="checkbox"/> Other (list) |

Request for Reference

I, _____, have applied to work in a volunteer capacity with St. Ann's .

The authorization for collection of information concerning my past performance is below. I would appreciate your replies to the questions asked. Enclose additional information if you wish. All information is confidential.

Please complete the reference section below. For your convenience a self-addressed stamped envelope has been provided; please mail this form to St. Ann's.

I hereby authorize the release of any information requested.

Signature of Applicant

Date

Response

Please rate the applicant in the following:

	Poor	Average	Good	Excellent	Unknown
Ability to work with others	()	()	()	()	()
Appearance	()	()	()	()	()
Cooperation	()	()	()	()	()
Dependability	()	()	()	()	()
Initiative	()	()	()	()	()
Judgement	()	()	()	()	()

Overall rating and comments:

Signature

Date

Relation to Applicant