

VOLUNTEER APPLICATION FORM

*Help Us create
a world
of possibilities by
Giving Back...*

Would YOU like to make a difference
in the community where you live,
work or go to school?

Consider Volunteering
at PIERCE MEMORIAL or
CREAMERY BROOK VILLAGE

Please contact the Program Director at
860-774-9050



PIERCE MEMORIAL
CREAMERY BROOK VILLAGE

All fields are required to be completed by applicant. Incomplete applications will not be processed.

PLEASE PRINT:

Last Name:		First Name:		Middle Initial:	
Mailing Address:				Bldg/Apt.#:	
City:	State:	Zip Code:	Cell Phone: ()		
Home Telephone Number: ()			E-mail Address:		

NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Last Name:		First Name:	
Relationship		Telephone Numbers to call: Day: ()	
Evening: ()		Cell: ()	

Information About Your Health

Describe your general health in the past year: ☐ Good ☐ Fair ☐ Poor

Is there any health reason that might limit your ability to volunteer? ☐ Yes ☐ No

If yes, please explain: _____

Education Information

Check All That Apply ☐ High School Graduate ☐ Some College ☐ College ☐ Graduate School

Degree or Major: _____

(Students Only) School: _____ Major: _____

Instructor or Teacher's Name: _____

Is this volunteering for credit ☐ yes ☐ no How many TOTAL hours are required? _____

Commitment Level: ☐ Entire School Year ☐ Summer ☐ Semester, Circle One: Fall Winter Spring Summer

Employment Information

I am ☐ Employed ☐ Unemployed ☐ Retired ☐ Student

Employer Name/Address _____

Occupation/Department _____

If Retired, Name of Company and Occupation _____

Availability

How many hours per week are you available? Please check the days you are usually available for volunteer assignment

Sunday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Monday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Tuesday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Wednesday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Thursday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Friday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Saturday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
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Are you available/interested in supporting Special Events? ☐ No ☐ Yes

Are you available/interested in assisting with special projects such as mailings or office work? ☐ No ☐ Yes

Volunteer Interests

- | | | |
|---|---|---|
| <input type="checkbox"/> Resident Services | <input type="checkbox"/> Religious Activities | <input type="checkbox"/> Work "behind the scenes" and provide |
| <input type="checkbox"/> Work directly with residents 1:1 | <input type="checkbox"/> Transporting | services to the facility staff, residents |
| <input type="checkbox"/> Group Activities | | or families in the Business Office |

Please list any special skills, interests and/or hobbies that you would be willing to share as a volunteer.

Are there any particular services you are interested in?

Please describe any prior or present volunteer or community activities:

How did you become interested in volunteering? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> First-time volunteer | <input type="checkbox"/> Enjoyed volunteering in a nursing home/hospital in the past |
| <input type="checkbox"/> Live/work close to location | <input type="checkbox"/> Need hours/experience for health care career |
| <input type="checkbox"/> Former Resident | <input type="checkbox"/> Former Employee |
| <input type="checkbox"/> Had a family member here | <input type="checkbox"/> Seeking exposure to health care environment |
| <input type="checkbox"/> Currently have a family member here— Name: _____ | |

What or who encouraged you to become a volunteer?

Photo Release

I hereby give permission for images captured during activities and programming through audio, video, photo and digital camera recording, to be used solely for the purposes of PIERCE MEMORIAL and/or CREAMERY BROOK VILLAGE Promotional material and publications, and waive any rights of compensation or ownership thereto.

Initial here for acceptance _____ ☐ Check here for refused

Background Check *(To protect your privacy, this form will be seen only by Company Volunteer Services*

staff.) Please indicate any other name (s) ever used: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____ / ____ / ____

Driver's License Number: _____

Gender: ☐ Male ☐ Female

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor? ☐ Yes ☐ No

If yes, please explain: _____

I give Pierce Memorial and Creamery Brook Viallage permission to check my criminal history and to search my history for incidents of Fraud and Abuse Control Information Database.

I understand that my enrollment as a volunteer is contingent upon successful completion of the application process. I give my permission for the above-named references to release information about me, for my criminal history to be verified, and to have my history searched for fraud and abuse.

If I am selected as a Volunteer I agree to abide by all facility rules, regulations and expectations. I understand that either party may cancel this relationship at any time.

Note: A criminal history will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be a volunteer.

References

Please list two people who would be willing to serve as personal references

DO NOT LIST RELATIVES OR SIGNIFICANT OTHERS

1.	Last Name:	First Name:	
	Street Address:		
	City:	State:	Zip Code:
	Phone Number with area code: ()		Email

2.	Last Name:	First Name:	
	Street Address:		
	City:	State:	Zip Code:
	Phone Number with area code: ()		Email

I certify that the information on this application is correct. I agree to inform Pierce Memorial and/or Creamery Brook Villiage of any changes.

As a Volunteer I agree to support, protect and serve as an advocate for the Residents' Rights, Health, Safety, Dignity and work in cooperation with staff.

_____ Signature of Applicant	_____ Date	_____ Director of Programming	_____ Date
_____ If under 18, Signature of Parent / Guardian	_____ Date		

This section to be filled out by Program Director only
This Volunteer has been oriented to his/her responsibilities in the following areas:

Resident Rights <ul style="list-style-type: none">• Privacy• Confidentiality• Rights to Refuse• Freedom from Abuse	Resident Safety <ul style="list-style-type: none">• Safe Wheelchair use• Fire and Disaster Emergencies• Approval for Outings• Resident Falls or Emergencies	Resident Health <ul style="list-style-type: none">• Volunteer Illness and Absences• Hand Washing• Infection Control• Dietary Restrictions• T.B. Test
<input type="checkbox"/> Please check upon completion	<input type="checkbox"/> Please check upon completion	<input type="checkbox"/> Please check upon completion

After the completed form is returned to us we will call to schedule an appointment for your interview.

Please return this form to:

phone (860) 774-9050

Pierce Memorial
44 Canterbury Road
Brooklyn, CT 06234

or

Creamery Brook Village
36 Vina Lane
Brooklyn, CT 06234