



APPLICATION FOR STUDENT VOLUNTEER SERVICES
(under 18 years of age)

Applications are received and volunteers are accepted without regard to discrimination based on race, religion, age, sex, national origin or disability. Applications must be completed entirely for it to be processed. The receipt of this application does not mean volunteer job openings exist, and does not obligate Friendship Retirement Community in any way.
We appreciate your interest in volunteering at Friendship.

Date of Application: _____

Name: _____
 First Middle Last

Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ (mm/dd/yyyy)

Telephone: (H) _____ (W) _____ (Cell) _____

Parent/Guardian Contact Information:

Name: _____ Relationship: _____

Telephone #: (H) _____ (W) _____ (Cell) _____

When would you like to start? _____

Schedule Preferences: (please check your choices)

**** (maximum hours allowed are 12 hours per week unless approved by administration for more)**

Times: Morning Afternoon Evening
Days: Mon Tues Wed Thurs Fri Sat Sun

Are you obtaining hours for a particular program? Yes No

If Yes: # of hours needed? _____ Name of program _____

Do you need a letter verifying your volunteer hours? Yes No

Special Skills or Interests: _____

Do you speak any foreign languages? Yes No

If Yes, please specify the language: _____

Employment Information: Employed: Yes No

Where: _____ How Long: _____

Volunteer Opportunities of Possible Interest:

- | | | |
|--|--|---|
| <input type="checkbox"/> Assist with: | <input type="checkbox"/> Bingo | <input type="checkbox"/> Musical Performances |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Pampering (nail painting, fixing hair, etc) | <input type="checkbox"/> Library cart |
| <input type="checkbox"/> Help Rec. Leaders | <input type="checkbox"/> Admissions Help | <input type="checkbox"/> Helping residents to and from activities |
| <input type="checkbox"/> Reading for groups | <input type="checkbox"/> Clothing Closet | <input type="checkbox"/> Delivering Mail |
| <input type="checkbox"/> Active Games | <input type="checkbox"/> Pet Visitation | <input type="checkbox"/> Helping front desk receptionist |
| <input type="checkbox"/> Holiday/Festive Parties | <input type="checkbox"/> Religious Programs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Religious Programs | <input type="checkbox"/> Movies | |
| <input type="checkbox"/> Bus Trips | | |

Signature of Volunteer: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Confidentiality Agreement

While at Friendship, all information, including, but not limited to resident diagnosis or courses of treatment, physician or other professional activities, Friendship procedures, or financial and operating statistics, is confidential. This policy applies whether the information is to be accessed only on a "need to know" basis. The term "need to know" means that the information is essential for performance of responsibilities at Friendship Retirement Community. Friendship relies on volunteers' integrity to maintain this moral and legal obligation to residents and the organization. Any violation of this confidential information policy may lead to disciplinary or legal action against and/or dismissal of the volunteer.

By my signature on this Confidentiality Policy and Agreement, I acknowledge that I have read this Policy and Agreement and that I understand the content and importance of the policies set forth in it. I accept the responsibility that is placed on me as a Friendship volunteer to comply with the obligations that are set out and agree to abide by the policies of Friendship as outlined in this document. I understand and agree that my obligation to maintain the confidentiality of the information discussed in this policy and agreement shall continue after my relationship with Friendship ends.

Signature: _____ Date: _____

If Accepted as a Volunteer, I agree to: (Please initial next to each statement)

1. To have a PPD (Tuberculosis Skin Test) administered by the Occupational Health Nurse. _____
 2. Attend an orientation of facility policies that would impact my volunteer position. _____
 3. To keep all information confidential to respect residents' privacy and the policies of Friendship: _____
 4. I grant permission to Friendship Retirement Community to perform a criminal background check in compliance with Friendship's policy that prohibits individuals who have been convicted of a crime from volunteering. Examples of crimes include but are not limited to: MURDER, ABDUCTION FOR IMMORAL PURPOSES, SEXUAL ASSAULT, PANDERING, OBSCENITY OFFENSES, CRIMES AGAINST PROPERTY, CRIMES INVOLVING FRAUD, CRIMES INVOLVING HEALTH AND SAFETY, CRIMES INVOLVING MORALS AND DECENCY, AND ABUSE OF AGED AND INCAPACITATED ADULTS. _____
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REFERENCES:

I authorize employers, and persons listed below as references on this application, to furnish any information concerning my personal character, habits, employment record, and previous volunteer experience. I release all such persons from any liability or damages incurred as a result of responding to our inquiry and furnishing this information to us.

_____ (initials)

Name: _____ Phone #: _____ Affiliation: _____
Name: _____ Phone #: _____ Affiliation: _____
Name: _____ Phone #: _____ Affiliation: _____

I certify that the information provided in this application is true and complete in all respects and understand that falsification or omission shall be sufficient cause for dismissal or refusal of volunteer status.

Signature of Volunteer _____
Date

Signature of Parent/Guardian _____
Date

(Information pertaining to this student's volunteer application and duties shall only be discussed with the individual student)