

Volunteer Application



All Personal information will be kept confidential.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Person(s) to be contacted in case of an emergency:

Name: _____ Relationship: _____

Phone: _____

Do you have any medical conditions that would affect your ability to perform your volunteer duties or that the volunteer office should be aware of?

_____ Yes _____ No

If yes to above medical condition question, please explain:

Are you 14 years of age or older? _____ Yes _____ No

Are you volunteering to fulfill a requirement for your Church/School/Organization?

_____ Yes _____ No

If yes, what is the name of the church/school/organization?

Contact name: _____ Phone: _____

Number of hours needed? _____

Deadline to have the hours completed? _____

What expectations do you have for volunteering?

Have you ever worked with older adults? ____ Yes ____ No

Have you ever volunteered anywhere else? ____ Yes ____ No

If so where? _____

Have you ever volunteered at Springhill before? ____ Yes ____ No

If yes, Date _____

What days and times can you volunteer?

____ M ____ T ____ W ____ TH ____ F ____ S ____ Sun _____

____ AM ____ PM _____ Weekends ONLY

Frequency: ____ Daily ____ Weekly ____ Monthly

What area would you like to volunteer in?

____ ForestView Health Care Center's (short term rehabilitation & long term residential)

____ OakView Personal Care

____ Springhill Residential Living

____ Wherever I am needed

Please describe any skills or special interests (ie: hobbies, play a musical instrument, singing voice..) you have which may be used at Springhill while Volunteering:

Do you know of anyone who may be also interested in volunteering here?

If so who?

Name _____

Phone Number _____

References:

Please provide two names other than relatives who would be willing to serve as personal references.

1. Name _____

Relationship _____ Phone number _____

2. Name _____

Relationship _____ Phone number _____

Have you ever been convicted of a crime or received a verdict of anything other than "not guilty" in any criminal investigation or proceeding? ____ Yes ____ No

If YES, give details _____

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release Springhill from any liability whatsoever for supplying such information. I understand and authorize Springhill to complete a criminal background check, (at no cost to me). I understand I will not be paid for volunteering at Springhill. I agree to abide by the Springhill volunteer personnel policies of Springhill.

Applicant's
Signature _____ Date _____

Please return completed application to: Springhill Senior Living Community
2323 Edinboro Road
Erie, PA 16509 Attn: Social Services
Phone: 814-860-7071 Fax: 814-860-7062
Email: lwick@asbury.org