



Friendship

APPLICATION FOR ADULT VOLUNTEER SERVICES

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

Date of Application: _____

_____	_____	_____	_____	_____
Last Name	First Name	MI	Social Security No#	
_____		_____	_____	_____
Street Address		Apt. No#	City	State Zip
(____)	_____	_____	_____	_____
Phone Number	Race	Sex	Date of Birth	

**Information such as Race, Sex and Date of Birth, are used strictly for criminal background checks.

Emergency Contact Information:

_____	_____	_____
Name	Relationship	Phone Number

Special Skills or Interests: _____

Do you speak any foreign languages? No _____ Yes _____ Language _____

Employment Information: Employed? No _____ Yes _____ Where _____

REFERENCES

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Volunteer Certification and Agreement

If accepted as a volunteer, I agree to:

- ◆ Have a PPD (Tuberculosis Skin Test) administered by the Occupational Health Nurse at Friendship Retirement Community.
- ◆ Keep all information about residents **CONFIDENTIAL**.
- ◆ Attended an orientation of facility policies.

I grant permission to Friendship Retirement Community to perform a criminal background check to keep in compliance with Friendship's policy that prohibits individuals who have been convicted of the following crimes from volunteering:

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.

Release of Liability

As a volunteer, I am releasing Friendship Retirement Community and all staff from any liability due to injury that may be incurred while providing volunteer services.

Special Needs

I understand that I am responsible for communication any special needs that I may have to the Volunteer Coordinator, or the Director of Activities. I further understand that I must convey to Friendship Retirement Community how they can best meet these needs while providing volunteer services.

I certify that the information given 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.

I authorize for employers, and persons listed 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 us.

Signature

Date