



## BRANDERMILL WOODS

### Brandermill Woods Retirement Community Volunteer Application

Thank you for your interest in joining our volunteer team! Volunteers are indispensable contributors to the high level of service we provide our residents.

All prospective volunteers are required to complete this volunteer application, and sign the confidentiality agreement and liability release. A parent or legal guardian must review and sign these documents if the applicant is under 18 years old. If the application is approved, the applicant will be invited to interview with the volunteer coordinator, tour the facility, and review the expectations for volunteers. Volunteers not yet in high school are required to bring a parent or legal guardian to this meeting, as well as when volunteering.

Please note that *all volunteers must abide by the rules and ethics of our community*. Review of the handbook is part of the interview, however, volunteers should review the Volunteer Handbook for further details and ongoing reference. Additionally, all volunteers will serve a probationary period of 90 days (or 30 hours) to determine if the volunteer assignment is a mutually beneficial arrangement, as well as to assess the performance and contributions of the new volunteer.

If you have any questions, please contact Sheri Frampton, Volunteer Coordinator, at (804) 379-7100, ext.184, or e-mail to: [volunteer@brandermillwoods.com](mailto:volunteer@brandermillwoods.com)

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

*If under age 18*, Parent or Legal Guardian's Name(s): \_\_\_\_\_

*If under age 18*, Parent or Legal Guardian's Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

Have you recently traveled to Africa? No \_\_\_\_\_ Yes \_\_\_\_\_

Are you retired? \_\_\_\_\_ Prior employer: \_\_\_\_\_

Are you a Student? \_\_\_\_\_ Name of school and grade level: \_\_\_\_\_

Are you employed: part-time \_\_\_ full-time \_\_\_ Name of employer: \_\_\_\_\_

Why would you like to volunteer at Brandermill Woods? \_\_\_\_\_

\_\_\_\_\_

What are your goals/expectations for volunteering at Brandermill Woods? \_\_\_\_\_

\_\_\_\_\_

Do you have any prior volunteer experience(s)? If so, where? What did you do? What did you like or dislike about previous volunteer experience(s)? \_\_\_\_\_

\_\_\_\_\_

#### What kind of volunteer activities interest you?

☐ Arts and CraftsTherapy  
☐ Bingo  
☐ Gardening  
☐ Reading  
☐ Music Therapy  
☐ Spending some time with a resident/  
☐ Room Visits  
☐ Social Gatherings  
☐ Other

#### Volunteer Shift Availability & Assignment Preference

1<sup>st</sup> Choice- M T W T F S S (Please Circle)  
Morning Afternoon Evening

2<sup>nd</sup> Choice- M T W T F S S (Please Circle)  
Morning Afternoon Evening

3<sup>rd</sup> Choice- M T W T F S S (Please Circle)  
Morning Afternoon Evening

#### HOBBIES, TALENTS, SKILLS

Please tell us a little about yourself, What Hobbies, talents, or skills do you have that will assist you in a volunteering position? Art. .Music.. Reading. .Cooking.. Pottery/Ceramics.. Nature.. Knitting/Crochet.. Quilting.

.Other\_\_\_\_\_ (Please Circle)

#### **HEALTH CONSIDERATIONS**

***Are there any known health concerns, allergies, physical limitations that need to be accommodated to help you volunteer?***

\_\_\_\_\_

Would you like to volunteer in a specific area of our community (e.g., Assisted Living, Health Care Center, and/or Memory Care) or all areas: \_\_\_\_\_

Please list two non-related references, and please include an e-mail address if available:

1st Reference Name: \_\_\_\_\_

1st Reference Phone Number and E-mail: \_\_\_\_\_

Reason you chose this person: \_\_\_\_\_

2nd Reference Name: \_\_\_\_\_

2nd Reference Phone Number and E-mail: \_\_\_\_\_

Reason you chose this person: \_\_\_\_\_

Please review the following requirements and sign to indicate your agreement:

*The above information is true and correct to the best of my knowledge.*

*I agree to a criminal background check. The aforementioned information will be used to check criminal history.*

*I understand that Brandermill Woods is a drug-free environment where use of any mood altering drugs while on duty is forbidden in order to provide a safe environment for our residents. Violation of our drug-free environment policy will result in immediate removal from the premises and will likely also result in termination of the volunteer arrangement.*

*I agree to regard all information received at/by Brandermill Woods as confidential. I understand that this facility respects residents' rights with regard to privacy of information. I agree to abide by this and all other policies and procedures set by Brandermill Woods.*

Volunteer Name (printed): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_

Male / Female (Please circle one)

Parent/Legal Guardian Name (printed): \_\_\_\_\_  
(If under 18 years old)

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 18 years old)

**Brandermill Woods Retirement Community Volunteer Release of Liability Agreement**

1. I accept the opportunity to volunteer for the Chesterfield, the Health Care Center, and/or the Holly Inn at Brandermill Woods. I recognize that I am a volunteer and not an employee; therefore, I am not entitled to any of the benefits or protections provided to employees under federal or state law, or the policies of Brandermill Woods ("Release Party").
2. As consideration for the opportunity to volunteer at the Chesterfield, the Health Care Center, and/or the Holly Inn at Brandermill Woods and in recognition of my own personal benefit from participation in the volunteer program, I agree to waive any actions I have against Brandermill Woods, as provided in the terms below.
3. I hereby waive any rights for claims that I may have against any and all the Released parties' respective officers, directors, agents, employees, volunteers and representatives for any and all injuries, losses, claims, demands, liabilities or causes of action that may arise during my participation as a volunteer.
4. I hereby acknowledge that I, my assignees, heirs, guardians, next of kin and legal representatives agree to waive any right to sue for money, damages, or any other relief from the Released Party.
5. I agree that in the event that any of the provisions of this Agreement are deemed invalid by any judicial authority, the invalidity of such provision does not affect the legality or enforcement of the remainder of the Agreement.
6. I understand that the provisions of this agreement are legally binding under contract law and my acceptance of the agreement constitutes and express and final release of any and all claims against the Released Party.

I attest that I have read, reviewed and fully understand the contents of the above document and acknowledge my acceptance by my signature below.

Volunteer Name Printed: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Name Printed: \_\_\_\_\_  
(If under 18 years old)

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 18 years old)

**Brandermill Woods Retirement Community Volunteer Personal Information Release Form**

I, (Print Name) \_\_\_\_\_, grant permission to officials employed at Brandermill Woods Retirement Community the full right to use my photograph(s), video(s), audio recording(s) and/or textual material in its recruitment, public relations and promotional efforts, including digital signage in lobbies.

I hereby waive any right to inspect or approve the photographs, publications or electronic matter that may be used in conjunction with them and I waive any right of compensation arising from or related to the use of the photographs.

I hereby agree to release and hold harmless Brandermill Woods Retirement Community from and against any claims or liabilities arising from or related to the use of the photographs.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

I, (Print Name) \_\_\_\_\_, do not grant permission to officials employed at Brandermill Woods Retirement Community the full right to use my photograph(s), video(s), audio recording(s) and/or textual material in its recruitment, public relations, and promotional efforts.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Brandermill Woods Retirement Community  
2100 Brandermill Parkway Midlothian, VA 23112 (804) 379-7100