**Volunteer Application**

 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency we would notify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ relationship\_\_\_\_\_\_\_\_\_

 Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History**

Place of Employment Dates Description of work

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Any Volunteer Experience** (current or previous)

Where Dates Description of work

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**Other Community Involvement**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Professional Affiliations/Honors/Special Training**

Besides professional memberships or honors, please list special training, licenses or professional certifications you hold.

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**Criminal Record:**

Have you ever been convicted for any violations of law, including traffic violations?

 \_\_\_ Yes \_\_ No Description of offense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health**

Your general health in the past year has been: ......Good ......Fair ......Poor

Are there any physical limitations that might affect your volunteering assignments?

\_ Allergies or sensitivities; please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_ Limit driving to daytime hours

\_ No heavy lifting or gripping

\_ One-person patient transfers (e.g., moving from bed to chair)

\_ Little or no climbing stairs

\_ Standing/sitting for long periods of time

\_ Insulin dependent Diabetic

\_ History of seizures/Epilepsy

\_ Other; please describe below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skills and Interests**

Do you have any clerical skills? ......Typing ......Telephones ......Filing

Do you have any computer skills? ......Word or WordPerfect **...**...Excel ......Internet Explorer web browser **...**...Adobe Acrobat ....Use of email

......Microsoft Access database software

Would you be interested in Public Speaking ......Yes ......No

Do you speak any foreign languages? If so, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your interests and/or hobbies**?** (Check all that apply)

* Arts and Crafts
* Music; favorite type(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Carpentry
* Cooking
* Gardening
* Sewing
* Meditation
* Reading aloud
* Manicures
* Massage
* Card games; favorites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Board games; favorites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Others; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Volunteering**

Why are you interested in volunteering at Haynes House of Hope? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Personal Experience with Death or Loss**

Has someone close to you died recently? If so, when; please explain the circumstances: \_\_\_\_\_

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**Categories of Haynes House Volunteer Service**s

Please check which type(s) of volunteer service you are interested in:

**\_ Resident Care** the greatest need for volunteers is in the area of Resident Care

\_ Office/Clerical Support

\_ Fund-raising & Development

\_ Public Relations

\_ Grounds & Landscaping (gardening)

\_ Maintenance & Handyman Services

\_ Housekeeping/Cleaning

\_ Shopping/Errands

\_ Resident Companion

\_ Bereavement Support

**RESIDENT CARE** shift(s) that are of interest to you:

\_ 8am -12noon \_ 12noon-4pm \_ 4pm-8pm \_ 8pm-12midnight \_12midnight-8am

May we call you for “emergency” volunteer coverage? \_\_Yes \_\_No

**Availability**

When are you available for volunteer work please specify certain days or hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

Are you away any specific times of the year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferences:**

Please check any resident and/or family situations you would like to ***avoid***.(Check all that apply)

\_ Children in the house; if so specify age range: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_ Alcoholism

\_ History of mental or physical abuse

\_ Times when dog or cat may visit

\_ Residents with a specific illness; if so, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_ Residents of a certain age range; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Voluntary Information (*Provision of this information is not required.)***

Is there anything about your personal life you would like to share (religious affiliation, marital status, number of children)?

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**Referral Source**

How did you hear about Haynes House of Hope Volunteer Program?

\_ Word of Mouth

­­­\_ Community Presentation

\_ Newspaper

\_ Poster/Brochure

\_ Church

\_ Other; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

Please provide the names of three people we may contact, with your permission, for a reference.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City or Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City or Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City or Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the best of my knowledge, all of the preceding information is true and accurate. I authorize Haynes House of Hope to request and obtain records to determine the accuracy of my responses. I understand that, if my application is accepted, before performing any Haynes House volunteering, I will be asked to:

1. Comply with all relevant Haynes House policies, procedures, and regulations
2. Complete the Volunteer Training and the Hospice Volunteer Training if applicable.
3. Complete training in confidentiality of resident information;
4. Give permission for Haynes House to perform a comprehensive background check which includes a criminal and driver’s license check, as required by insurance regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

Please return this application in person, or by mail to:

Haynes House of Hope

7187 State Route 149

Granville, NY 12832

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**For Haynes House use only:**

Date of interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Interviewer(s) Date

1st Volunteer Review Done: \_\_\_\_\_\_ (done yearly) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*No longer volunteers at Haynes House**:

End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_