

Haynes House of Hope
7187 State Route 149
Granville, NY 12832
(518)642-8155
hhayneshouseof@roadrunner.com

Volunteer Application

Date _____

Name _____ Are you over 18? _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell phone # _____

Email address _____

In case of emergency (for yourself) while volunteering, we would notify: _____
Relationship _____ Phone numbers: _____

Employment History

Place of Employment	Description of work	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any Volunteer Experience (current or previous)

<u>Where</u>	<u>Dates</u>	<u>Description of work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Community Involvement _____

Professional Affiliations/Honors/Special Training

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

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

Insulin dependent Diabetic

History of seizures/Epilepsy

Sitting/Standing for long periods of time

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

Adobe Acrobat

Excel

Use of email

Internet Explorer web browser

Microsoft Access database software

Would you be interested in Public Speaking promoting HHH 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

Cooking

Music; favorite type(s): _____

Gardening

Carpentry

Sewing

Meditation

Massage

Reading aloud

Card games; favorites: _____

Manicures

Board games; favorites: _____

Others; please specify: _____

Reason for Volunteering

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

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 Services

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

- | | |
|---|--|
| <input type="checkbox"/> Resident Care** | <input type="checkbox"/> Maintenance & Handyman Services |
| <input type="checkbox"/> Office/Clerical Support | <input type="checkbox"/> Housekeeping/Cleaning |
| <input type="checkbox"/> Fund-raising & Development | <input type="checkbox"/> Shopping/Errands |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Resident Companion |
| <input type="checkbox"/> Grounds & Landscaping(gardening) | <input type="checkbox"/> Bereavement Support |

****Resident Care**

At Haynes House, the greatest need for volunteers is in the area of Resident Care.
Are you interested in resident care? Yes No

Miscellaneous(create your own personalized role)_____

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

8am -12noon 12noon-4pm 4pm-8pm 8pm-12midnight 12midnight-8am

If volunteers cancel their shift on short notice, may we call you for "emergency" volunteer Coverage? Y N

Availability

When are you available for volunteer work?

Weekdays; if certain days or hours, please specify: _____

Weekends

Are you away any specific times of the year? _____

Criminal Record:

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

Yes No Description of offense _____

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: _____ Residents with a specific illness; if so, specify:

_____ Residents of a certain age range; please specify:

Alcoholism _____

History of mental or physical abuse _____

Times when dog or cat may visit _____

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?

- | | |
|---|---|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Church |
| <input type="checkbox"/> Community Presentation | <input type="checkbox"/> Other; please specify: |
| <input type="checkbox"/> Newspaper | _____ |
| <input type="checkbox"/> Poster/Brochure | |

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:

- Comply with all relevant Haynes House policies, procedures, and regulations
- Complete the Volunteer Training and the Hospice Volunteer Training if applicable.
- Complete training in confidentiality of resident information;
- 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:

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For Haynes House use only:

Date of interview: _____

Interviewer's comments: _____

Signature of Interviewer(s)

Date

1st Volunteer Review Done: _____ (done yearly)

Date _____

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

End Date: _____ Reason for leaving: _____

