

APPLICATION FOR VOLUNTEERING

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| <p><i>The Providence Commitment</i></p> | <p>Mission: <i>As People of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service</i> Core Values: RESPECT COMPASSION JUSTICE EXCELLENCE STEWARDSHIP</p> |
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How did you learn of the opportunity to volunteer at Providence Mother Joseph Care Center?

PERSONAL DATA

Name: _____ E-Mail Address: _____
Last First Middle

Present Address: _____
City State Zip

Home Phone: _____ Work Phone: _____ Message Phone: _____

Are you over the age of 18? Yes No If no, please have your parent/guardian sign this form.

Emergency Contact and Phone Number: _____

AVAILABILITY

Date available to begin volunteering: _____

Please circle the days that you are available and would like to volunteer:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Please circle the days that you are **not** available to volunteer:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Time available: Morning _____ Afternoon: _____ Evening: _____

Time/days you are available: Example: Mondays, 8-9:30 a.m. & for Monday night football; Saturdays, 11:00 a.m. to 1:00 p.m.; day after Thanksgiving; Hanukah, Christmas day, third Thursday of each month, etc.

INTERESTS

What special talents or interests do you have that you would like to share with our residents?

Are these volunteer hours required for:

- Community Service
- Religious Classes
- School Requirement If so, which school? _____ Hours Required: _____
- Other (please specify): _____

***Providence Mother Joseph requires a minimum of 50 hours commitment from our Volunteers.**

EDUCATION/LICENSES/PERMITS

High School: _____ Graduate? [] Yes [] No
College: _____ Graduate? [] Yes [] No
Food Handler's Permit: [] Yes [] No
Other: _____

REFERENCES

Please list at least three references that we can contact (nonfamily members)

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Background Authorization/Tuberculosis Skin Test

By law Providence Mother Joseph Care Center is required to have volunteers fill out Background Authorization & Tuberculosis Skin Test. Please sign below for your consent.

Background Authorization: _____
Signature Date
Tuberculosis Skin Test: _____
Signature Date

CONFIDENTIALITY

I understand that all of the information that I may hear directly or indirectly, or read concerning a patient, resident, doctor or staff member will be considered strictly confidential and I will not seek information in regard to any patient or resident at Providence Mother Joseph Care Center.

Signature _____ Date _____

PARENT/GUARDIAN AUTHORIZATION

I give my consent for _____ to participate at Providence Mother Joseph Care Center as a volunteer including Background Authorization (if 15 years of age & under not required) /Tuberculosis Skin Test (if 12 years of age & under not required).

Printed Name Signature Relation to Volunteer Date

FOR OFFICE USE ONLY

Interviewed by: _____ Date: _____
Orientation Date: _____
Comments:

