



Misericordia  
Nursing & Rehabilitation Center

## Volunteer Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Birthdate: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you ever been convicted of a crime? Yes/No

If yes, Describe: \_\_\_\_\_

\_\_\_\_\_

How did you hear about Misericordia?

\_\_\_\_\_

\_\_\_\_\_

Please list previous volunteer experience

\_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered with this facility before? \_\_\_\_\_ If so, when and what did you do?

\_\_\_\_\_

\_\_\_\_\_

Special training, skills, hobbies, or interests

\_\_\_\_\_

\_\_\_\_\_

Would pushing a wheelchair be difficult for you? Yes/No

Are you physically capable of providing volunteer services? Yes/No

In case of emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

Work Phone # \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_



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Would you be available to escort residents to doctor appointments? Yes/No

If yes, what days are best? \_\_\_\_\_

Preferred times to volunteer (include days and hours)

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

### Volunteer Interest Checklist

\_\_\_ Visit with residents

\_\_\_ Take residents outdoors

\_\_\_ Pass out ice water

\_\_\_ Answer phone/Greet visitors

\_\_\_ Deliver and read resident mail

\_\_\_ Sewing

\_\_\_ Work with computers

\_\_\_ Assist with group activities

\_\_\_ Write letters/read to residents

\_\_\_ Care for plants

\_\_\_ Other \_\_\_\_\_

### References (Employers, Co-Workers, Family, Friends)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

Date available to start \_\_\_\_\_

Have you had a recent PPD or TB test? \_\_\_\_\_ If yes, when? \_\_\_\_\_

### Volunteer Agreement

*I agree to follow the guidelines of the Misericordia Volunteer program. I agree to keep all client information confidential.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if under 18 years of age

\_\_\_\_\_  
Date