



Misericordia
Nursing & Rehabilitation Center

VOLUNTEER APPLICATION

Last Name, First Name: _____

Address: _____

Occupation: _____

In case of emergency, please notify: _____

Home Phone: _____

Have you ever been convicted of a crime? Yes No

If yes, please describe: _____

Home Phone: _____

Cell Phone: _____

Relationship: _____

Cell Phone: _____

Information

How did you hear about Misericordia? _____

Please list previous volunteer experience: _____

Have you ever volunteered here before? Yes No If so, when? _____

Special training, skills, hobbies or interests: _____

Would pushing a wheelchair be difficult? Yes No

Would you be able to escort residents to doctor appointments? Yes No

Are you physically able to provide volunteer services? Yes No

Interest Checklist

- | | | |
|--|---|--|
| <input type="checkbox"/> Visit with residents | <input type="checkbox"/> Take residents outdoors | <input type="checkbox"/> Pass out ice water |
| <input type="checkbox"/> Answer phone/greet visitors | <input type="checkbox"/> Deliver and read resident mail | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Work with computers | <input type="checkbox"/> Assist with group activities | <input type="checkbox"/> Write letters/read to residents |
| <input type="checkbox"/> Care for plants | <input type="checkbox"/> Other _____ | |

References

Can include employers, coworkers, family, friends

Last Name, First Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Last Name, First Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Have you had a recent PPD or TB test? Yes No

Date available to start: _____ 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 old: _____

Date: _____



REQUEST FOR CRIMINAL BACKGROUND CHECK

I, _____, hereby authorize Misericordia Nursing & Rehabilitation Center and/or its agents to make investigation of my background, references, character, past employment, education and criminal history record, information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment or volunteer activities. A telephone facsimile (fax), or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby agree to release any person, company or other entity from all causes of action that otherwise might arise from supplying Misericordia Nursing & Rehabilitation Center with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on my application or any related documents will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant Signature _____ Date _____

Social Security Number _____ *Required for PA Criminal Background Check*

Date of Birth _____ *Required for PA Criminal Background Check*