

Schenectady Community Home, Inc.

Joan Nicole Prince Home

Volunteer Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

E-Mail _____

Date of Birth _____ Sex M F

Occupation _____ Full Time _____ Part Time _____ Retired Y N

Are you a student? Y N Full Time _____ Part Time _____

Have you ever worked as a volunteer? Y N If yes, where have you volunteered?

What type of volunteer work did you do? _____

What experience(s) have you had with death or other types of loss? _____

Do you speak a language other than English? If so, which language? _____

Do you have health problems or physical limitations which would restrict the work that you can do?

How did you hear about the home? _____

What type of volunteer activities are you interested in?

Resident Care _____ Housekeeping _____ Cooking _____ Gardening _____
Public Relations _____ Fundraising _____ Office _____ Bereavement _____
Property/Maintenance _____ Other _____

(over)

If you are interested in resident care volunteering, are you available to do a 4 hour shift per week or every other week (minimum once a month)? Y N

If you are interested in direct care of residents, please indicate when you are available. Please check all that apply:

Weekday _____ Weekend _____

Morning _____ Afternoon _____ Evening _____

Please give the name, address, phone number, and e-mail address of two references (*non-family members, please*) we can contact:

Name	Name
Address	Address
City & State	City & State
Tel. (H) Other Tel.	Tel. (H) Other Tel.
E-Mail Address	E-Mail Address
Relationship	Relationship

Have you ever been convicted of a crime or pleaded no contest to a felony: Y N If yes, please explain:

Signature _____ Date _____

Copy of Driver's License

<i>Interviewed</i> _____ <i>Oriented</i> _____ <i>References</i> _____
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