

Crimson Line Auxiliary

Friendship Ridge
Volunteer Application

Today's Date: _____ Home Phone (_____) _____

Last Name First Name Middle Name

Maiden Name (if applicable) Alias (if applicable)

Social Security # Birth date (Month/day/year)

Street Address

City State Zip Code
How long at this address? _____ If less than two years, please list prior address:

| | | | |
|---|------------------------|-------------------------|-------------------|
| Please list current employer. If retired less than two years, list your last employer. | | | |
| _____ Employer | _____ Position held | _____ Business Phone | |
| _____ Street Address | _____ City | _____ State | _____ Zip Code |

Education, Special Training, Volunteer Experience:

Bi-Lingual Abilities: _____

Skills/Hobbies:

Reference:
Name: _____ Phone: _____
Address: _____
How long known: _____ what capacity (i.e., friend, co-worker, supervisor) _____
Crimson Line Auxiliary member _____ Yes _____ No

| | |
|-------------------------------------|--------------------|
| <u>In Case of Emergency:</u> | |
| Name _____ | Relationship _____ |
| Telephone _____ | Work Phone _____ |

(Please complete the reverse side)

When might you be available to volunteer? (Referral basis/not binding)

| | M | T | W | TH | F | S | SU |
|-----------|---|---|---|----|---|---|----|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

What type of volunteer experience interests you? (Check as many as you like)

Activities: Painting _____ Needlework _____ Woodworking _____
 Saturday Matinee _____ Bible Study _____ Birthday Parties _____
 Crafts _____ Snack Bar _____ Escort _____ Reception Desk _____
 Shopping _____ Read/play games/visit 1:1 with Residents _____

Have you ever pleaded guilty or been convicted of a felony or misdemeanor?

Yes ___ No ___ Please provide the nature of the crime and when it happened:

I certify that my answers to the above questions are true and understand that misrepresentation or omission of facts may disqualify me to be a volunteer. My signature gives permission to have the above information verified. I am offering my services to Friendship Ridge willingly and understand that this position is without pay.

Signature

Today's date

CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my duties as a Crimson Line Auxiliary volunteer member of Friendship Ridge, I must hold in confidence all medical, social, or other resident-related information. Further, I understand that this confidence applies also to personal acquaintances of mine who are residents of the center, as this is their home and their privacy should be respected.

Signature

Today's date

Volunteer Services believes that all persons are entitled to equal opportunities, and does not discriminate against applicants for volunteer service because of race, creed, color, religion, national origin, age, or sex.

FOR OFFICE USE ONLY

Interview date _____ Orientation _____ Training _____

Dues Paid _____ Received Smock _____ Received I.D.Badge _____

Computer Label _____ Resource Guide _____ Excel sheet _____

Revision date: 11/01, 08/04, 1/09

Please return to: Mary Eva Shever
 Friendship Ridge
 246 Friendship Circle
 Beaver, PA 15009