

Masonicare   
Health Center

22 Masonic Ave, Wallingford, CT 06492

Dear Prospective Volunteer,

Thank you for your interest in volunteering at Masonicare! Since we are a skilled nursing facility, we have mandated requirements for all volunteers.

Please use this checklist as a guide for completing the volunteer application packet:

- Completely fill out the application.
- Have someone complete the recommendation form on your behalf.
- Complete the permission form authorizing a background check.
- Agree to volunteer for a minimum of 50 hours a year.
- Return completed materials to the Volunteer Services department.

Once your application is processed, we will contact you to schedule the following:

- A PPD test (to test for tuberculosis). This is administered free in our clinic, and needs to be read after administration as well.
- A flu shot, if applicable. This is also administered free in our clinic during flu season, which is mid-November to mid-May. Flu shots administered at other locations are accepted if accompanied with a letter of verification from the doctor or clinic.
- An orientation.

Please call Becky at (203) 679-6253, or email us at [MHCVolunteerDept@Masonicare.org](mailto:MHCVolunteerDept@Masonicare.org) if you have any questions. We look forward to working with you!

Sincerely,

Becky Siok, M. Ed, CTRS  
Volunteer Services Coordinator

Bethany S. Camputaro, BS, CTRS, ED, LNHA  
Director of Therapeutic Recreation & Volunteer Services

## Adult Volunteer Application

Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street & Number Town State Zip*

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home/Other Phone: (\_\_\_\_) \_\_\_\_\_

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

### Emergency Contact:

Name	Relationship	Phone Number
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Are you a Veteran? Yes No *If yes, what branch?* \_\_\_\_\_

### Employment History:

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

### Additional Information:

Do you have relatives that live at MHC? (circle) Yes No *If yes, who?* \_\_\_\_\_

Do you have relatives that work here? (circle) Yes No *If yes, who?* \_\_\_\_\_

Do you speak another language? Yes No *If yes, what language(s)?* \_\_\_\_\_

Do you need to complete community service hours? (circle) Yes No

*If Yes, for what and how many hours?* \_\_\_\_\_

**\*\*PLEASE NOTE: All volunteers are asked to commit to a 50 hour minimum for the year. Letters verifying community service hours will not be issued until the minimum requirement of 50 hours is completed. Thank you for understanding!\*\***

**Are there Departments that you are MOST interested in working with?**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**What type of work would you be interested in doing? (Circle all that apply.)**

*Office/Clerical Wheelchair Transportation Patient Programs/Activities 1:1 Resident Visits*

*Driving the Jitney Library Work Gift/Convenience Store Cashier Spiritual Services*

*Pet Visits Child Development Center Music: \_\_\_\_\_ Other: \_\_\_\_\_*

**Do you have any special talents, interests or hobbies? (Circle all that apply.)**

*Dance Photography Manicures Organizing Graphic Design/Computers Singing*

*Playing Instrument: \_\_\_\_\_ Other: \_\_\_\_\_*

**Do you have a relative who WORKS at Masonicare? Yes No Who: \_\_\_\_\_  
Where: \_\_\_\_\_**

**Are you related to any resident who LIVES at Masonicare? Yes No Who: \_\_\_\_\_  
Where: \_\_\_\_\_**

**Do you have any physical, mental or medical conditions which prevent you from performing certain types of work? (Please circle one) Yes No**

**If Yes, please explain so we can accommodate you: \_\_\_\_\_  
\_\_\_\_\_**

**How did you hear about our volunteer opportunities? \_\_\_\_\_**

**What is your availability?**

<i>Day</i>	<i>Timeframe</i>
Mondays: _____	to _____
Tuesdays: _____	to _____
Wednesdays: _____	to _____
Thursdays: _____	to _____
Fridays: _____	to _____
Saturdays: _____	to _____
Sundays: _____	to _____

**I certify that my answers are true and complete to the best of my knowledge. I agree to respect the rights and confidentiality of the residents and patients. I understand I am volunteering of my own free will. I understand the responsibilities and commitment I am making, and to adhere to any and all policies and procedures as directed by MHC staff.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Name**

**Reference Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** (     ) \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_ **How long have you known the applicant?** \_\_\_\_\_

The person listed above has applied to be a volunteer at Masonicare Health Center. Please take a few moments to tell us about your experience with the applicant. This will help us evaluate the applicant's abilities and suitability for this kind of volunteer work. A volunteer does not necessarily need to excel in all categories to be successful; different positions require different skills and abilities. Your comments will assist us in making an appropriate placement.

Please check the column that most accurately describes the candidate:

	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
<i>Dependable</i>			
<i>Able to Communicate Clearly and Effectively</i>			
<i>Flexible</i>			
<i>Able to follow Instructions Carefully</i>			
<i>Honesty/Trustworthiness</i>			
<i>Able to deal with the Public Appropriately</i>			
<i>Able to work Independently</i>			
<i>Able to work with a Group</i>			
<i>Helpful Attitude</i>			

**Would you recommend this person to volunteer with us?**

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

**Can this person deal with sensitive issues regarding elderly residents?**

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

**Is there anything else you would like to share with us?**

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

Please return this form to: Masonicare Health Center  
Volunteer Services Department  
22 Masonic Avenue  
Wallingford, CT 06492

Or email the form to: [MHCVolunteerDept@masonicare.org](mailto:MHCVolunteerDept@masonicare.org)

# DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

Masonicare Volunteer Services ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, professional licenses and credentials. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites (i.e., Facebook and others), professional networking websites (i.e., LinkedIn and others), blogs, and other online media.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Strategic Information Resources, 155 Brookdale Dr, Springfield, MA 01104, Phone: 413-736-4511 / 800-332-9479, Fax: 413-733-2061 / 800-345-3392, <http://www.backgrounddecision.com>, or another outside organization.

The scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

**ACKNOWLEDGMENT AND AUTHORIZATION** [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Strategic Information Resources, 155 Brookdale Dr, Springfield, MA 01104, Phone: 413-736-4511 / 800-332-9479, Fax: 413-733-2061 / 800-345-3392, <http://www.backgrounddecision.com>, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**New York and Maine applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.



go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: **Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

☞ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

☞ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- ☞ a person has taken adverse action against you because of information in your credit report;
- ☞ you are the victim of identity theft and place a fraud alert in your file;
- ☞ your file contains inaccurate information as a result of fraud;
- ☞ you are on public assistance;
- ☞ you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

☞ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

☞ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

☞ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

☞ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

☞ **Access to your file is limited.** A consumer-reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

☞ **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

☞ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

☞ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

☞ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact: TYPE OF BUSINESS:**

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

## **CONTACT:**

a. Consumer Financial Protection Bureau  
1700 G Street NW

Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA

Washington, DC 20580

(877) 382-4357

a. Office of the Comptroller of the Currency  
Customer Assistance Group

1301 McKinney Street, Suite 3450

Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center

P.O. Box 1200

Minneapolis, MN 55480

c. FDIC Consumer Response Center

1100 Walnut Street, Box #11

Kansas City, MO 64106

d. National Credit Union Administration

Office of Consumer Protection (OCP)

Division of Consumer Compliance and Outreach (DCCO)

1775 Duke Street

Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings

Aviation Consumer Protection Division

Department of Transportation

1200 New Jersey Avenue, SE Washington, DC 20590

Office of Proceedings, Surface Transportation Board

Department of Transportation

395 E Street SW Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access

United States Small Business Administration

409 Third Street, SW, 8th Floor

Washington, DC 20549

Securities and Exchange Commission

100 F St NE

Washington, DC 20549

Farm Credit Administration

1501 Farm Credit Drive

McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or

Federal Trade Commission: Consumer Response Center –

FCRA

Washington, DC 20580

(877) 382-4357