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 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: _______________________________________________________________________

Address: ______________________________________________________________________

Cell Phone: (____) _______________  Home/Other Phone: (____) ____________________

Email Address: _______________________________________________________________________

Emergency Contact:

Name                      Relationship                      Phone Number
_____________________________________________________________________________________

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?

<table>
<thead>
<tr>
<th>Day</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Mondays</td>
<td>_______ to _______</td>
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<tr>
<td>Tuesdays</td>
<td>_______ to _______</td>
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<td>Wednesdays</td>
<td>_______ to _______</td>
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<td>Thursdays</td>
<td>_______ to _______</td>
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<td>Fridays</td>
<td>_______ to _______</td>
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<td>Saturdays</td>
<td>_______ to _______</td>
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<tr>
<td>Sundays</td>
<td>_______ to _______</td>
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</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
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</thead>
<tbody>
<tr>
<td>Dependable</td>
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<tr>
<td>Able to Communicate Clearly and Effectively</td>
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<td>Flexible</td>
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<td>Able to follow Instructions Carefully</td>
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<td>Honesty/Trustworthiness</td>
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<tr>
<td>Able to deal with the Public Appropriately</td>
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<td>Able to work Independently</td>
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<td>Able to work with a Group</td>
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<td>Helpful Attitude</td>
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</table>

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
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.
Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

My signature below certifies that this acknowledgement and authorization was completed by myself and is complete and true to the best of my knowledge. Copies and facsimile copies of this document may be accepted in lieu of the original.

______________________________________________________________________________________________

Applicant Signature Printed Name Date

APPLICANT INFORMATION (please print clearly)

First Name: ____________________________________ Middle Name:_____________________________________
Current Last Name:__________________________________________
Previous Names: _______________________________________________ ___________________________________
Social Security Number: ______________________________________________________
Date of Birth: _______________________________________________________________
Driver’s License Number:________________________ State Issued: _________________________
Email Address: __________________________________________________________________
Current Address City State Zip Residence Dates: (From – To)

Previous Address City State Zip Residence Dates: (From – To)

Previous Address City State Zip Residence Dates: (From – To)

Previous Address City State Zip Residence Dates: (From – To)

Please list alias names you have used in the past seven years here. (May include maiden names, former legal names, etc)

* Date of Birth & Social Security Number are being requested in order to obtain accurate retrieval of records.

For a copy of our privacy policy, please visit http://www.strategicinfo.com/pubs/sir_privacy_statement.pdf

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552

A Summary of Your Rights Under the Fair Credit Reporting Act
The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights,
go to 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 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 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.

■ 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.

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:

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<thead>
<tr>
<th>TYPE OF BUSINESS:</th>
<th>CONTACT:</th>
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</thead>
</table>
| 1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates. | a. Consumer Financial Protection Bureau  
 1700 G Street NW  
  Washington, DC 20552 |
| b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB: | b. Federal Trade Commission: Consumer Response Center – FCRA  
  Washington, DC 20580  
  (877) 382-4357 |
| 2. To the extent not included in item 1 above: | a. Office of the Comptroller of the Currency  
  Customer Assistance Group  
  1301 McKinney Street, Suite 3450  
  Houston, TX 77010-9050 |
| a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks | b. Federal Reserve Consumer Help Center  
  P.O. Box 1200  
  Minneapolis, MN 55480 |
| 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. FDIC Consumer Response Center  
  1100 Walnut Street, Box #11  
  Kansas City, MO 64106 |
| c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations | d. National Credit Union Administration  
  Division of Consumer Compliance and Outreach (DCCO)  
  1775 Duke Street  
  Alexandria, VA 22314 |
| d. Federal Credit Unions | |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings  
  Aviation Consumer Protection Division  
  Department of Transportation  
  1200 New Jersey Avenue, SE Washington, DC 20590 |
| 4. Creditors Subject to Surface Transportation Board | Office of Proceedings, Surface Transportation Board  
  Department of Transportation  
  395 E Street SW Washington, DC 20423 |
| 5. Creditors Subject to Packers and Stockyards Act, 1921 | 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 |
| 6. Small Business Investment Companies | Securities and Exchange Commission  
  100 F St NE  
  Washington, DC 20549 |
| 7. Brokers and Dealers | Farm Credit Administration  
  1501 Farm Credit Drive  
  McLean, VA 22102-5090 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA  
  Washington, DC 20580  
  (877) 382-4357 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | |