

Masonicare

Health Center

22 Masonic Avenue, Wallingford, CT 06492
203-679-5900 · www.masonicare.org

Dear Prospective Volunteer,

Thank you for your interest in volunteering at Masonicare! As we are a skilled nursing facility, we have mandated requirements by the state of Connecticut for all volunteers. This application meets the state requirements.

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.

We also require the following:

- A background check; once the application is submitted to the office, you should receive an email with the link to complete the background check.
- A PPD test (to test for tuberculosis).
 - This can be administered free of charge in our clinic or by your physician.
- A flu shot, if applicable.
- An orientation.

Please call Chaplain Lynne Ford at 203-679-6259 if you have any questions. We look forward to working with you!

Sincerely,

Chaplain Lynne Ford
Volunteer Services Coordinator

Masonicare

Health Center
Adult Volunteer Application

Applicant's Name _____

Reference Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

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:

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

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 by email: MHCVolunteerDept@masonicare.org

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Today's Date _____

Name _____

Home Address _____

Town _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Date of Birth _____ Email _____

In case of emergency please notify: Name _____

Phone _____ Relationship _____

Are you a Veteran? Yes No **If yes, what branch?** _____

Education:

High School:	Yrs. Attended:	Degree:
College:	Yrs. Attended:	Degree:

Additional Training/Certifications: _____

Work Experience (list last employer first):

Employer (Name and Address)	Title/Duties	From:	To:	Reason for Leaving

Have you ever been subject to any disciplinary action regarding cruelty or assault? Yes No

If yes, please explain _____

Do you have any physical limitations of which we should be made aware? Yes No

If Yes, please explain so we can accommodate you: _____

Additional Information:

Do you have relatives that live at MHC? (Check) Yes No If yes, who? _____

Do you have relatives that work at MHC? (Check) 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? (Check) Yes No

If Yes, for what and how many hours? _____

How did you hear about our volunteer opportunities? _____

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

1. _____ 2. _____

What type of work would you be interested in doing? (Check Category of interest.)

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

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

Pet Visits Child Development Center Music: _____ Other: _____

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

Dance Singing Manicures Organizing Graphic Design/Computers

Playing Instrument: _____ Other: _____

AVAILABILITY FOR VOLUNTEERING

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!

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Frame:							

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 Masonicare Health Center staff.

Signature _____ Date _____

Print Name _____