



Volunteer Application

Spring Village: _____ Date: ____/____/____

Name: _____
Last First Middle

Date of Birth: ____/____/____

Address: _____
Street

City State Zip Code

Telephone Number (*Days*): _____ (*Evenings*): _____

General Information

• Emergency Contact: _____
Name Relationship Telephone #

• Are you applying as an: ____ Individual ____ Organization
Organization Name: _____

• Have you ever applied for work at Spring Village at Pocono? ____ Yes ____ No
If yes, when: _____

• Have you even been convicted of a crime: ____ Yes ____ No
If yes, please provide date(s) and identify offense(s): _____

• Current Employment /School: _____



Volunteer Information

- How did you learn about our volunteer opportunities at Spring Village at Pocono?

- Why do you wish to volunteer at Spring Village at Pocono? _____

- What prior volunteer experience do you have? _____

- Do you have any prior experience working with individuals who have Alzheimer's disease or related dementia? ____ Yes ____ No

If yes, with whom and where? _____

- Do you prefer: ____ Individual Activities ____ Group Activities

- What skills, interests, or hobbies would you like to share with others? _____

- Do you speak any other languages? ____ Yes ____ No

If so, what languages? _____



Availability

Specify days and hours are available to volunteer. (*Please indicate A.M. or P.M.*):

___ Monday	Time: ___ to ___	___ Saturday	Time: ___ to ___
___ Tuesday	Time: ___ to ___	___ Sunday	Time: ___ to ___
___ Wednesday	Time: ___ to ___		
___ Thursday	Time: ___ to ___		
___ Friday	Time: ___ to ___		

Personal References (*Personal references must be 21 years of age or over*):

1. Name: _____ Relationship: _____
Last First M.I.

Address: _____ Telephone: _____
Street State Zip Code

2. Name: _____ Relationship: _____
Last First M.I.

Address: _____ Telephone: _____
Street State Zip Code



Volunteer Terms of Agreement

I. Gift Acceptance Statement

It has been explained to me and I understand, that as a volunteer at Spring Village at Pocono, I am not allowed to accept money including gifts or tips from any resident. We serve all residents equally and must graciously decline all gifts or tips. If the resident persists, I will refer the concern to the program coordinator for resolution.

II. Confidentiality Statement

All residents have Rights and Responsibilities including the right to privacy. As a volunteer, you will learn confidential information about the residents. You must uphold each resident's Right to Privacy by keeping these matters confidential. Emergency situations involving the following are a part of our responsibility and are not a breach of confidentiality: information to the physician, emergency room, rescue squad, hospital staff and nurses, etc. I agree to keep all information pertaining to the residents of Spring Village at Pocono confidential.

III. Volunteer Authorizations

I authorize Spring Village at Pocono to obtain information from schools, listed references, or other individuals and institutions it contacts regarding the information I have provided on this application. I understand that I am obligated to report any information which may be helpful in meeting the needs of the residents of Spring Village community in which I volunteer. I also understand that my volunteer orientation requirements differ depending upon my assignment by the program coordinator. I agree to follow the established guidelines outlined here and in the Volunteer Orientation Guide.

Volunteer Signature: _____ Date: ____/____/____

Spring Village at Pocono appreciates your interest in volunteering and reserves the right to make decisions based on our Residents' needs.