



TABITHA

DATE: _____

Volunteer ID number _____
Criminal Background/ SOR check _____
CPS/APS check _____

Volunteer Application *You Are The Answer!*

Last Name: _____ First Name: _____ Ms. Mr. Mrs.

Address: _____
City State Zip

Phone (Home) _____ (Work) _____ (Cell) _____

Date of Birth _____ E-mail Address _____

Emergency Contact _____ Relationship _____ Phone _____

Employer/School _____ Retired Are you current or retired military? Yes No

Church/Place of Worship _____

Sponsoring Organization/School _____

How did you hear about us? Personal Experience Recommendation Social Media/Advertisement Other: _____

Why Tabitha? _____

What do you do when you're not volunteering? _____

For you, there's nothing more fun than...? _____

Top 3 Strengths/Skills: 1.) _____ 2.) _____ 3.) _____

3 Things you would like to learn: 1.) _____ 2.) _____ 3.) _____

Number of Volunteer Hours Needed _____ Start Date _____

To ensure the safety of our clients, Tabitha conducts background checks.

Professional Reference (*Required*) _____ Phone _____

Have you been convicted of a crime, except minor traffic violations? Yes No

If yes, explain: _____

Full Legal Name _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Volunteer Opportunities (Please check all that interest you)

- Meals on Wheels Volunteers** deliver hot meals to elderly and shut-ins on a daily, weekly, or monthly basis. (Must be available 10:45 AM – 12:30 PM; valid driver’s license & auto insurance required)
- Office Volunteers** may help with answering the phone, data entry, filing, copying, delivering mail, preparing bulk mailings for various departments as needed.
- Life Enrichment (Activities) Volunteers** assist in providing entertainment and social opportunities for the residents. (i.e. bingo, one-on-one companionship, escorting residents, etc.)
- Gift Shop Volunteers** will staff a small gift shop, assist customers, ring up sales on a cash register, and stock shelves.
- Reception Desk** will greet visitors, answer questions, and give direction.
- Beauty Shop Volunteers** escort residents to and from Beauty Shop appointments, help stock shelves, sweep the floor, clean glasses, and answer phones.
- Pastoral Care Volunteers** escort residents to and from chapel services and serve as friendly visitor providing companionship.
- Pianist/Special Music Volunteers** to play during the chapel services.
- Medical Equipment / Print Shop Volunteers** will assist in cleaning and repairs of medical equipment, assembling information packets, folding, sorting printed materials, and delivering materials to various departments.
- Adult Day Services** set table for lunch and assist with clean up, play games, provide companionship to clients.
- Tabitha at the Landing/Williamsburg** assist in providing entertainment and social opportunities for the residents, housekeeping.

- Job Shadow** Occupational Therapy, Physical Therapy, CNA, etc.

Availability (Please check where you are available.)

	Su	M	T	W	Th	F	Sa
Morning							
Afternoon							
Evening							

I hereby authorize the release of information regarding my abilities. I further release all persons and Tabitha from any and all liability resulting from the furnishing of such information. All information listed by me on this application is true and correct to the best of my knowledge. I understand that any information that is disclosed to me while volunteering at Tabitha Health Care Services is confidential. Finally, I interpret “volunteer” to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer, I will follow the policies and procedures presented during the volunteer orientation.

Signature of Applicant

Date

Investigative Reporting Acknowledgement: By signing below, I authorize that a thorough investigation may be made in connection with my application for volunteering concerning my character, general reputation, personal characteristics, any criminal record, driving record and mode of living, whichever may be applicable, for volunteer purposes, consistent with federal and state law.

Signature of Applicant

Date

IF APPLICANT IS A MINOR: In the event of an illness or injury that occurs during volunteer service at Tabitha Health Care Services I authorize the provision of medical or hospital care deemed necessary, permission to the treating physician or other health care provider to employ diagnostic procedures and medical treatment deemed necessary, and all medical care units to release medical record information to Tabitha Health Care Services insurance carrier in order to process claims.

Signature of Parent or Guardian

Date