



TABITHA

Reference 1: Date _____ Okay Follow-Up

Reference 2: Date _____ Okay Follow-Up

Reference 3: Date _____ Okay Follow-Up

SOR: Date _____ Okay Follow-Up

Volunteer Application

Last Name _____ First Name _____ Date _____

Address _____
City _____ State _____ Zip _____

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

Date of Birth _____ E-mail Address _____

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Employer's Name _____

Sponsoring Organization _____

Reason for Volunteering: School Requirement Diversion Service Club Other _____

Number of Volunteers Hours Needed _____ Start Date for Volunteering _____ End Date for Volunteering _____

Why do you want to volunteer? _____

Describe your previous volunteer experience: _____

List specific skills/talents (second language, musician, skilled at computers, comedian, dancer, etc.): _____

Do you have any special needs to consider? Yes No

If yes, explain: _____

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

If yes, explain: _____

References: (Please list three adults who are not family members)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

IMPORTANT: I will attend the new volunteer orientation taking place on (check one):

Date: _____ Time: _____ Date: _____ Time: _____

Current Volunteer Opportunities at Tabitha Living Communities

- Meals on Wheels Volunteers** deliver hot meals to elderly and shut-ins on a daily, weekly, or monthly basis. Volunteers need to be available between 10:45 AM and 12:30 PM. Please check which delivery option you would be interested in. Must provide driver's license issue date _____ and expiration date _____. Auto insurance issue date _____ and expiration date _____.
 Weekday delivery Weekend delivery Back-up delivery Snow Angel delivery (*snow/ice weather conditions*)

- Office Volunteers** may help with answering the phone, data entry, filing, copying, delivering mail, preparing bulk mailings for various departments as needed. Flexible scheduling Monday through Friday.

- Life Enrichment (Activities) Volunteers** assist in providing entertainment and social opportunities for the residents. Activity volunteers may escort residents to and from activities and assist during activities, serve as friendly visitors providing companionship, or Please check which option you would be interested in.
 Main Dining (1:00 – 3:00 PM) Monday Friday Saturday
 Morning (9:30 – 11:30 AM) Monday Tuesday Wednesday Thursday Friday
 Afternoon (3:00 – 4:30 PM) Monday Tuesday Wednesday Thursday Friday
 Certified Therapy Pets

- Gift Shop Volunteers** will staff a small gift shop, assist customers, ring up sales on a cash register, and stock shelves.
 Mornings (9:00 AM – 12:30 PM) – Monday Tuesday Wednesday Thursday Friday
 Afternoons (12:30 – 4:00 PM) – Monday Tuesday Wednesday Thursday Friday
 Evenings (4:00 PM – 7:00 PM) – Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday (10:00 AM – 2:00 PM)

- Reception Desk** will greet visitors, answer questions, and give direction.
- Reception Desk Escort** will escort visitors within facility, make deliveries.
 Mornings (9:00 AM – 12:30 PM) – Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Afternoons (12:30-4:00 PM) - Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Evenings (4:00 PM – 7:00 PM) – Monday Tuesday Wednesday Thursday Friday Saturday Sunday

- Beauty Shop Volunteers** escort residents to and from Beauty Shop appointments, help stock shelves, sweep the floor, clean glasses, and answer phones.
 Weekdays Mornings (8:00 – 12:00 PM) – Monday Tuesday Wednesday Thursday Friday
 Weekday Afternoons (12:30 – 3:30 PM) – Monday Tuesday Wednesday Thursday Friday

- 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.
 Weekday Mornings (9:30 – 11:00 AM) – Monday Tuesday Wednesday Thursday Friday
 Sunday Afternoons (1:00-3:00 PM)

- Central Supply / Print Shop Volunteers** will assist in assembling information packets, folding, sorting printed materials, and delivering materials to various departments. Flexible scheduling Monday through Friday.

- Hospice Volunteer** (requires 20 hours of specialized training)

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

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