

Volunteer Application

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security: _____ Age: _____ Birthdate: _____ Sex: _____

Occupation/Employer: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Two Personal References:

Name: _____ Phone: _____

Name: _____ Phone: _____

How did you hear about Palolo Chinese Home? _____

What kind of experience do you have working with the elderly? _____

Is there anything that might limit your ability? _____

Do you speak a language other than English? _____

What are your hobbies and interest? _____

What time are you available to volunteer?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
Additional							

OFFICE USE ONLY

INTERVIEW COMMENTS:

Volunteer Agreements

I acknowledge receipt of the Volunteer Handbook and agree to abide by the requirements set forth herein:

Signature: _____ Date: _____

As a Volunteer of Palolo, I agree to:

1. Complete Volunteer Orientation
2. Conduct myself in an appropriate, friendly manner
3. Ask for assistance whenever a resident needs physical assistance, when a resident appears to be in danger, and whenever I do not know the correct procedure
4. Tell my supervisor or administration when the assignment is too difficult for me
5. Notify Palolo Chinese Home at least one day in advance when I am unable to make my scheduled volunteer time
6. Dress appropriately
7. Voice any concerns, grievances and observations to my supervisor and/or the administrators

Signature: _____ Date: _____

Volunteer Consent to Criminal History Check

I, _____, hereby authorize Palolo Chinese Home to conduct confidential background checks as necessary for the sole purpose for authorization for volunteering.

Signature: _____ Date: _____

Volunteer Agreement to Respect Privacy & Maintain Confidentiality

I, _____, hereby agree to regard all information received in the performance of my volunteer work at Palolo Chinese Home as confidential. I understand that Palolo Chinese Home respects residents' and clients' rights with regard to privacy of information and to respect these rights in the performance of my volunteer duties and to keep professional confidentiality outside the facility.

Signature: _____ Date: _____

Permission Approval for Minors (Under 18 years of age)

I, _____, give permission for _____

who is my _____ to do volunteer work at Palolo Chinese Home.

Signature of Parent or Guardian: _____ Date: _____

For Your Doctor to Complete

Tuberculosis Clearance:

2 - Step TB Skin test required:

Step 1 Date: _____ Result: _____

Step 2 Date: _____ Result: _____

If any test is positive:

Chest X-ray Date: _____ Result: _____

Examination for Infectious Disease:

This certifies that _____ presents no symptoms, such as skin lesions, respiratory tract symptoms, diarrhea, or other symptoms to indicate the presence of infectious diseases which may harm others.

Examined by: _____
MD Signature

Date: _____