



Dear Applicant:

Thank you for your interest in volunteering at Bayley, Community Outreach, Bayley Adult Day Program, and/or Fitness Club. Joining the dedicated team of men, women, and teen volunteers at our facility can be a richly rewarding experience for you. Through volunteering you will find challenging, enjoyable activities that will be satisfying to you while you perform valuable services to others.

Our organization operates the Volunteer Resources Department with a commitment to equal opportunity for all persons regardless of age, sex, religion, race, national origin, or disability. The requirements for volunteering are that you complete this application and return it to the Bayley front desk; attend an Orientation session; complete a 2-part TB test, or present records to indicate that you have had the test within the past 6 months (enclose with your application) get a picture ID badge; comply with any mandatory education requirements; and serve an agreed upon number of hours per week/month.

When you have completed the application and signed the two Confidential Reference Forms and the Background Check Release Form, please return them to our office as soon as possible. Once your references and background forms have been processed, a staff member in the Volunteer Resources Department will call you to schedule an interview appointment to discuss your interest in volunteering and our facility's volunteer needs.

We look forward to meeting with you.

Sincerely,

Kim Shabinski
Volunteer Resources

VOLUNTEER APPLICATION

Check facility to which you are applying:

Today's Date: _____

☐ Bayley

☐ Adult Day

☐ Fitness Club

☐ Outreach Services

Personal Information:

Name: _____
Last First Middle

Address: _____
Number/Street/Apt.# City State Zip

Home Phone: _____ Work Phone: _____ Cell phone _____
e-mail: _____

Date of Birth: _____ (month/day/year)

Educational Background: (circle highest level completed)

Grade School 678 High School 1234 College 1234 _____
Name of school

Employment History: (briefly describe job duties/volunteer assignments)

Paid Work Experience	Volunteer Experience

Special Skills & Qualifications:

Summarize special skills and qualifications acquired from employment, volunteer work or other experience _____

Reason For Volunteering:

Do you need service hours? _____ How many? _____ By when? _____

Areas of interest: (describe briefly or check all that apply on attached list of volunteer opportunities)

Times Available/Preferred: _____ Days Available: _____

How Did You Learn About Us?

☐ Friend or Relative

☐ Brochure

☐ Own Idea

☐ Church Bulletin

☐ Newspaper

☐ Other (explain) _____

Person To Be Notified In Case Of Accident Or Emergency:

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Relationship: _____

Personal Physician:

Name: _____ Address: _____ Phone: _____

Have you been convicted of any misdemeanor offense within the last five (5) years?

☐ No

☐ Yes If yes, please explain.

Have you ever been convicted of a felony? ☐ No ☐ Yes If yes, please explain.

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, or veteran status.

My signature below authorizes the release of reference information and affirms all the facts set forth in my application for volunteering are true and complete. I understand that if accepted, false statements, omissions, or other misrepresentations by me on this application may result in immediate dismissal.

Thank you for completing this application form and for your interest in volunteering with us. All the information recorded above is considered confidential.

Volunteer's Signature

Date



VOLUNTEER OPPORTUNITIES



NAME _____ PHONE: _____

- ☐ Religious services and activities/Help with Pastoral Care
- ☐ Help with parties and entertainment
- ☐ Knitter
- ☐ Transporting residents to and from planned activities
- ☐ Transporting residents to and from Mass and/or dining areas
- ☐ Aid residents when necessary in arts and crafts; games such as bingo, cards, etc.
- ☐ Assist residents on field trips
- ☐ Gift Shop-one three hour shift
- ☐ Help transport residents to or from the Beauty Shop
- ☐ Pet Visits (must have proper paperwork)
- ☐ Physical Therapy/Occupational Therapy/Speech Therapy Observation
- ☐ Walking with residents; walking with members on walking track (Fitness Club)
- ☐ Fitness Club receptionist
- ☐ Fitness Club Assistant
- ☐ Adult Day Activities
- ☐ Adult Day – assist with serving breakfast or lunch
- ☐ Adult Day – assist staff on field trips
- ☐ Adult Day-assist with dementia members while others are on field trips
- ☐ Help straighten/maintain resident Library



TUBERCULOSIS (TB) SCREENING

PLEASE PROVIDE ALL REQUESTED INFORMATION

Name: _____ Today's Date: _____

☐ Employee

☐ Volunteer

☐ Contractor

☐ Student/Co-Op

Department: _____ Hire Date: _____

Phone Number(s): _____

If female, are you pregnant?

☐ Yes ☐ No

Have you ever had tuberculosis or been treated for tuberculosis?

☐ Yes ☐ No

Have you ever had a **positive reaction** to a TB skin test?

☐ Yes ☐ No

If **YES**, when was your last chest x-ray? _____

If **YES**, are you having any of the following for three to four weeks or longer?

1. Chronic cough.....

☐ Yes ☐ No

2. Production of sputum.....

☐ Yes ☐ No

3. Blood-streaked sputum.....

☐ Yes ☐ No

4. Unexplained weight loss.....

☐ Yes ☐ No

5. Fever.....

☐ Yes ☐ No

6. Fatigue/Tiredness.....

☐ Yes ☐ No

7. Night sweats.....

☐ Yes ☐ No

8. Shortness of breath.....

☐ Yes ☐ No

Have you ever had a severe reaction to TB serum?

☐ Yes ☐ No

I hereby acknowledge that tuberculin PPD is a sterile solution used as an aid in the diagnosis of tuberculosis.

I understand that by signing this form, I am releasing Sisters of Charity Senior Care Corp dba Bayley staff of any and all liability from all possible claims connected with the tuberculum PPD test.

Being fully informed, I request that the tuberculin PPD test be administered to me. I understand that I must have the administration site read during the period of 48-72 hours after the injection.

PPD Recipient Signature: _____ Date: _____

Mantoux 0.1ml intradermally <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> inner FA _____			
	Mfgr.	Lot	Exp.Date
DATE/TIME GIVEN: _____	ADMINISTERED BY: _____		
DATE/TIME READ: _____	READ BY: _____		
MM INDURATION: _____	2 ND STEP INDICATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Mantoux 0.1ml intradermally <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> inner FA _____			
	Mfgr.	Lot	Exp.Date
DATE/TIME GIVEN: _____	ADMINISTERED BY: _____		
DATE/TIME READ: _____	READ BY: _____		
MM INDURATION: _____			

COMMENTS: _____

Senior Care Corporation
Volunteer Resources
990 Bayley Drive
Cincinnati, Ohio 45233
(513) 347-5416 or 347-5404

Confidential Reference Verification

Reference Name _____, Address _____ Phone # _____

Your name has been given as a reference by (print your name) _____ who has submitted an application to the Volunteer Resources Department of Bayley, Adult Day, Outreach Services and/or the Fitness Club. We would appreciate your completing this form to help us determine the suitability of the applicant as a healthcare volunteer. Your input would be greatly appreciated and will remain confidential. A self-addressed envelope has been enclosed for your convenience. Thank you.

I authorize the person specified above to release to Bayley, Adult Day, Outreach Services and/or the Fitness Club the information requested. I hereby release Bayley, Adult Day, Outreach Services and/or the Fitness Club and the person specified above from all liability which may arise from the release of the information provided.

X Applicant's Signature _____ Date _____

- How long have you known the applicant? _____
- How did you come to know him/her? _____

In Your Opinion:

- Is the applicant dependable, courteous, and willing to help?
Yes _____ No _____ Comments _____
- Is the applicant able to relate to others in a way that would be appropriate in a healthcare setting?
Yes _____ No _____ Comments _____
- Can the applicant act appropriately in the absence of supervision?
Yes _____ No _____ Comments _____
- Being able to protect the privacy of patients and respect confidential information is vital in a healthcare setting. In your opinion, is the applicant able to maintain confidentiality?
Yes _____ No _____ Comments _____

Additional Comments: _____

Completed By: _____

Date: _____

Senior Care Corporation
Volunteer Resources
990 Bayley Drive
Cincinnati, Ohio 45233
(513) 347-5416 or 347-5404

Confidential Reference Verification

Reference Name _____, Address _____ Phone # _____

Your name has been given as a reference by (print your name) _____ who has submitted an application to the Volunteer Resources Department of Bayley, Adult Day, Outreach Services and/or the Fitness Club. We would appreciate your completing this form to help us determine the suitability of the applicant as a healthcare volunteer. Your input would be greatly appreciated and will remain confidential. A self-addressed envelope has been enclosed for your convenience. Thank you.

I authorize the person specified above to release to Bayley, Adult Day, Outreach Services and/or the Fitness Club the information requested. I hereby release Bayley, Adult Day, Outreach Services and/or the Fitness Club and the person specified above from all liability which may arise from the release of the information provided.

X Applicant's Signature _____ Date _____

- How long have you known the applicant? _____
- How did you come to know him/her? _____

In Your Opinion:

- Is the applicant dependable, courteous, and willing to help?
Yes _____ No _____ Comments _____
- Is the applicant able to relate to others in a way that would be appropriate in a healthcare setting?
Yes _____ No _____ Comments _____
- Can the applicant act appropriately in the absence of supervision?
Yes _____ No _____ Comments _____
- Being able to protect the privacy of patients and respect confidential information is vital in a healthcare setting. In your opinion, is the applicant able to maintain confidentiality?
Yes _____ No _____ Comments _____

Additional Comments: _____

Completed By: _____

Date: _____

Release Authorization

Applicant Complete the Following:

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Sisters of Charity Senior Care Corporation or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name		LAST	FIRST	MIDDLE
<hr/>				
Please print all other names you have used				
<hr/>				
Home Address				
<hr/>				
City		State	Zip Code	
<hr/>				
Social Security Number		Date of Birth		
<hr/>				
Driver's License Number		State Issuing License		
<hr/>				
Name as it appears on license				
<hr/>				
Signature		Today's Date		
<hr/>				