

VOLUNTEER INFORMATION

Name: _____

Address: _____

Phone: _____ Best Time to Call: _____

Emergency Contact: _____

Please List Two References:

Name:

Phone:

Name:

Phone:

Hobbies / Interests:

Education / Special Training:

When Do You Want To Volunteer?

Weekday ____ Saturday ____ Sunday ____ Morning ____ Evening ____

Trips / Outings ____ Special Events ____ Office ____

Briefly Explain Why You Want to Volunteer.

VOLUNTEER CONFIDENTIALITY STATEMENT

I, _____ agree to regard all information received in the performance of my volunteer work in this health care facility as confidential.

I understand that this facility respects residents' rights with regard to privacy of information, and I agree to respect these rights in the performance of my volunteer duties, and keep "professional" confidentiality in all my statements outside the facility.

Signed by:

Volunteer

Date

Supervisor of Volunteer

YOUTH VOLUNTEER AUTHORIZATION

Youth volunteers must be sixteen (16) years old if they are to be assigned to resident areas or have resident contact. Parental authorization is required for those volunteers under eighteen (18) years of age.

AUTHORIZATION FOR YOUTH VOLUNTEER

Date: _____

I give my permission for _____
to serve as a volunteer at Rosewood Park.

I _____ fully understand that this
(Parent / legal guardian)

is not a work program and that the volunteer will not be paid for any volunteer services he / she may provide.

Birthdate of Volunteer

Parent/guardian signature

Date

Supervisor of Volunteer