

Allentown Fountain Hill
 Circle Choice

For Office Use Only
 Adult _____ Youth _____
 CRC _____ Entered _____

CEDARBROOK VOLUNTEER APPLICATION

Date _____ Female _____ Male _____

Name _____

Home Phone _____

Address _____

Work Phone _____

_____ Zip _____

Cell Phone _____

Date of Birth _____ / _____
 (Month) (Day)

E-mail Address _____

In case of emergency notify: _____

Relationship _____ Home/Cell Phone _____ Work Phone _____

Interests, Skills, Hobbies _____ Other Language(s) _____

Have you done volunteer work before? **Yes** **No** Where? _____

What kind? _____

Day (s) of the week available for volunteering _____

Preference: Weekdays AM Weekdays PM Weekend AM Weekend PM

Describe any restrictions on your activities that may affect or limit your volunteer assignments:

May Cedarbrook use your photo for promotional purposes? **Yes** **No**

If I am accepted as a Cedarbrook Volunteer I will maintain the schedule to which I have agreed; I must notify either the Volunteer Office of Therapeutic Recreation if I cannot report for my assignment; I will adhere to the rules & procedures of Cedarbrook. I understand that failure to do so may be cause for dismissal and I understand that if I fail to satisfactorily perform my volunteer assignment, I may be dismissed.

I have read and I understand the Cedarbrook Policy of Confidentiality: **Yes** **No**

A Criminal Record Check is Mandatory for all Volunteers over 18. A State Criminal Record Check is paid for by the County. Federal Criminal Record Check is the responsibility of the Applicant. Your Social Security Card plus either a Passport, State Photo ID or Driver's License must be presented for the Record Check

 Signature

 Date

Our Mission Statement:

CHOICES

**It's all about C.H.O.I.C.E.S. at Cedarbrook Nursing Homes...
 "A Community with Heat Offering Individual Care and Excellent Service"**