THE SHARON AT SOUTHPARK

VOLUNTEER APPLICATION

Please print or type.

Name:_____
(Last) (First) (Middle) (Nickname)

Address:_____
(Street) (City) (State) (Zip Code)

Telephone (Home):_____(Cell):_____

Email:_____

Birthday (Month/Day): _____

Formal education (highest year of school completed):_____

Do you possess a valid driver's license (circle one)? Yes No

Do you have regular access to a car (circle one)? Yes No

Do you have any physical limitations that you wish to consider in your volunteer placement? If yes, please describe:_____

_____

Do you have any criminal convictions other than parking violations (circle one)? Yes No

If yes, please explain:_____

Have you been vaccinated & boosted for COVID19 (circle one)? Yes No

Are you willing to get a yearly flu vaccination? Yes No

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Emergency Information: (In case of emergency contact :)

Name:_____ Relationship:_____

Telephone (Home):_____(Cell):_____

****

Volunteering at The Sharon at SouthPark

How did you hear about our Volunteer Program?_____

Please list experience working with seniors:

_____

_____

Please list any previous volunteer experience:

_____

_____

Please tell us what you hope to contribute to The Sharon at SouthPark through your volunteer experience:

_____

_____

What are your special skills and/or hobbies that you could share with The Sharon at SouthPark? This may include things such as gardening, football, painting, cooking, reading, computers, writing, traveling, and many others. Don't hesitate to list things you enjoy; you might be surprised how your talents and interests could be utilized.

_____

_____

What clubs or organizations do you belong to?_____

_____

****

How often are you available to volunteer?

□ Twice a week □ Once a week
□ Every two weeks □ Once a month
□ Periodically

Length of time you wish to serve per shift?

□ 1/2 hour □ 1 hour
□ 2 hours □ Longer period

Which days of the week are you available to volunteer? _____

What time of day are you available to volunteer? _____

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To protect the safety and privacy of the residents at The Sharon at SouthPark, we have developed a screening process for volunteers.

- All volunteers interacting with residents on a regular basis are required to complete an application, personal reference checks, provide proof of COVID19 vaccination, flu vaccination, an interview with the Community Outreach Coordinator, a criminal background check, and volunteer orientation.

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References: Please list three non-family members who have known you at least two years (teachers, employers, neighbors, etc.) and their complete mailing addresses.

1. Name:_____

Address:_____
Street City State Zip Code

Telephone Number:(H)_____(C)_____

Relationship:_____ How long have you known this person?_____

2. Name:_____

Address:_____
Street City State Zip Code

Telephone Number:(H)_____(C)_____

Relationship:_____ How long have you known this person?_____

3. Name:_____

Address:_____
Street City State Zip Code

Telephone Number:(H)_____(C)_____

Relationship:_____ How long have you known this person?_____

The Sharon at SouthPark
Volunteer Applicant Agreement

The information that I have supplied in this application is true to the best of my knowledge. I understand that if I become a volunteer, any misrepresentation or material omission made by me on this application will be sufficient cause in the cancellation of this application and immediate discharge from the Volunteer Program, whenever it is discovered.

The Sharon at SouthPark does not unlawfully discriminate and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for a volunteer position on a basis prohibited by local, state, or federal law.

The Sharon at SouthPark reserves the same right to terminate my volunteer position at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for a volunteer position for any specified period or definite duration.

I also understand that if I receive a volunteer position, I will be required to attend orientation and sign a confidentiality statement before working with the residents of The Sharon at SouthPark.

_____ _____

Print Name **Signature of Applicant** **Date**

_____

Guardian Signature (if under 18)