



VOLUNTEER FORM

Complete the following form and submit it to the Recreation Department. Please complete **all** information so that we may keep accurate records.

General Information (Please print.)

last name first name date of birth

street address

city state Zip

home phone work phone

emergency contact relationship

emergency contact home phone emergency contact work phone

E-mail address

Schedule Preference (Check all that apply.)

<input type="checkbox"/> Monday	hours available _____
<input type="checkbox"/> Tuesday	hours available _____
<input type="checkbox"/> Wednesday	hours available _____
<input type="checkbox"/> Thursday	hours available _____
<input type="checkbox"/> Friday	hours available _____
<input type="checkbox"/> Saturday	hours available _____
<input type="checkbox"/> Sunday	hours available _____

Skills and Hobbies (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Baking & Cooking | <input type="checkbox"/> Pets and Animals | <input type="checkbox"/> Sewing & Quilting |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Movies | <input type="checkbox"/> Needlepoint |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Cards | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Music | <input type="checkbox"/> Craft Projects |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Sports | <input type="checkbox"/> Nature Walks |

Areas of Interest (Check all areas in which you would like to participate.)

Group Programs

- | | | |
|---|---|--|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Active Games | <input type="checkbox"/> Music Presentations |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Exercise Club | <input type="checkbox"/> Dinner Parties |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Current Events | <input type="checkbox"/> Birthday Parties |
| <input type="checkbox"/> Coffee Club | <input type="checkbox"/> Horticulture Club | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Men's or Ladies Club | <input type="checkbox"/> Religious Services | <input type="checkbox"/> Happy Hour |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Bible Study | <input type="checkbox"/> Field Trips |

One-on-One Activities

- | | | |
|--|---|--|
| <input type="checkbox"/> Sensory Stimulation | <input type="checkbox"/> Letter Reading & Writing | <input type="checkbox"/> Pet Visits |
| <input type="checkbox"/> Musical Stimulation | <input type="checkbox"/> Outdoor Walks | <input type="checkbox"/> Art Visits |
| <input type="checkbox"/> Coffee & Newspaper Visits | <input type="checkbox"/> Friendly Visits | <input type="checkbox"/> Reading Aloud |

Other Activities

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Medical Records Filing | <input type="checkbox"/> Escorts to Doctors Appointments | <input type="checkbox"/> Nursing |
|---|--|----------------------------------|

Suggestions:

Please list any other special training or skills that you possess _____

Additional Information

Have you ever volunteered before? No Yes

If yes, where and for approximately how long? _____

Please list your specific reasons for volunteering.

Confidentiality Agreement

As a volunteer of the St. Barnabas Health System, I understand that Resident Confidentiality is crucial in preserving the rights, safety, health, and dignity of our residents. I agree not to discuss private resident information that I may learn of from medical records, staff members, or conversation with residents. In addition, I will ensure Resident Confidentiality by referring to residents anonymously once I am outside of the facility. I promise all of this as my commitment to upholding integrity within the St. Barnabas Health System Volunteer Program

Signature of Applicant

As a volunteer for the St. Barnabas Health System, I certify that I have completed this application accurately and honestly. I understand each of the aforementioned policies and procedures, and I promise to adhere to them to the best of my abilities.

signature of applicant

date

signature of parent or guardian if applicant is under 18 years of age

date