

Mount Vernon Nursing & Rehabilitation Center

Volunteer Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Widow \_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_

Occupation: \_\_\_\_\_

Community/Club Affiliations: \_\_\_\_\_

How Did You Hear About Us: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Reason for Volunteering: \_\_\_\_\_

Special Needs To Accommodate: \_\_\_\_\_

Other Languages Spoken: \_\_\_\_\_

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Emergency Contact Person

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Areas of Interest for Volunteering -Check ALL items that you desire to participate in-

### Activities

- Visitation
- Games (including Wii)
- Men's Club/Women's Club
- Exercise
- Movies
- Cooking
- Reading
- Current Events
- Sensory Stimulation-Manicures, Hand Lotion Massages
- Reminiscing
- Gardening
- Musical Programs
- Play Musical Instrument: \_\_\_\_\_
- Help with Bingo
- Help with Birthday Party, Socials & Special Events
- Pet Visitation
- General Helper
- Newsletter and/or Calendar
- Escort residents to Barber/Beauty Shop

### Crafts

- Sewing
- Ceramics
- Quilting
- Jewelry Making
- Scrapbooking
- Crocheting
- Needlepoint
- Painting
- General

### Medical Records

- Filing

### Business Office

- Typing
- Filing
- Computer Data Input
- Inventory
- Receptionist Assistant
- Deliver Mail

### Laundry

- Folding Cloths
- Sorting Clean Laundry
- Clothing Give Away

### Maintenance

- Yard Work
- Recycling
- General

### Dietary

- Clerical
- General

### Nursing

- Resident Companion Services
- Water Pitchers
- Filing
- Typing

### Human Resources

- Clerical

Pastoral Care

- Escort Residents to Services
- Visitation
- Read Holy Bible and Hymns to Residents
- Sunday Escort Coordinator
- General Spiritual Programs

Public Relations

- Fold/Staple Forms
- Mailing
- Copy forms on Copier
- Paper Shredding
- Photography

Days and Times Available -Indicate ALL days AND hours that you are available-

- Monday      Hours Available: \_\_\_\_\_
- Tuesday      Hours Available: \_\_\_\_\_
- Wednesday      Hours Available: \_\_\_\_\_
- Thursday      Hours Available: \_\_\_\_\_
- Friday      Hours Available: \_\_\_\_\_
- Saturday      Hours Available: \_\_\_\_\_
- Sunday      Hours Available: \_\_\_\_\_

- Exception (s) *Example: Only Available first and third Tuesdays.*

\_\_\_\_\_

\_\_\_\_\_

Areas of Personal Interest (s) -Check ALL that apply-

- Board Games
- Cars
- Ceramics
- Quilting
- Needlepoint
- Crocheting
- Floral/ Gardening
- Photography
- Painting
- Jewelry Making
- Gardening
- Knitting
- Embroidery
- General Crafts
- Movies
- Traveling
- Games
- Exercise

- Current Events
- Cooking
- Reading
- Singing
- Play Musical Instrument (s): \_\_\_\_\_
- Pets: \_\_\_\_\_
- Collectables: \_\_\_\_\_
- Cards, list type (s): \_\_\_\_\_
- Music, list type (s): \_\_\_\_\_
- Sports, list type (s): \_\_\_\_\_
- Animals, list type (s): \_\_\_\_\_
- Computer, list skills/programs: \_\_\_\_\_
- Church Affiliation: \_\_\_\_\_
- Other Interests: \_\_\_\_\_

References -Please list two-

1. Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship To You: \_\_\_\_\_
2. Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship To You: \_\_\_\_\_

Criminal Background Information

-Have you ever been convicted of a felony? If yes, please explain-

\_\_\_\_\_

\_\_\_\_\_

## Signature of Applicant

I understand that it is required by State regulations that all volunteers and employees complete a two-step Mantoux Test (Tuberculosis Screening) initially and annually thereafter a one-step. The test is administrated by licensed nursing staff and is free of charge. The two-step entails obtaining a Mantoux Test shot and then reporting back THREE DAYS LATER to have the test read by a qualified nurse. If there is a positive result, two weeks after the first test, a second Mantoux Test shot will be completed and read THREE DAYS LATER. Thereafter it is required annually. Test results are kept on file according to State regulations.

As a volunteer, I understand that Federal law mandates to the facility the responsibility to protect its residents and personnel from any unauthorized invasion of the individual's right to privacy.

I understand that information concerning residents and employees shall be held in strict confidence and never discuss with anyone OUTSIDE or INSIDE the facility.

It is understand that information in the Volunteer Handbook is subject to change by the Administrator and/or Activities Director. It is further understood that volunteers of the facility are notified of such changes by a member of the Activity Staff.

Signature Of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18 years old):  
\_\_\_\_\_ Date: \_\_\_\_\_

## Activity Staff Only

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Orientation Date: \_\_\_\_\_