



*For Healthy Living in the Second Half of Life*

**VOLUNTEER APPLICATION**

<b>Date:</b> _____	<b>Date of Birth:</b> _____
<b>Name:</b> _____	
<b>Address:</b> _____	
<b>Phone Number (daytime):</b> _____	<b>(nighttime):</b> _____
<b>Email:</b> _____	
<b>Emergency Contact:</b> _____	<b>Relationship:</b> _____
<b>Phone number:</b> _____	

<p><b>If you have any special skills that may be helpful to note, please list them below:</b></p> <p>_____</p> <p>_____</p>
<p><b>What interests you about volunteering at the Schmieding Center?</b></p> <p>_____</p> <p>_____</p>
<p><b>Do you have any volunteer experience? If so, please explain.</b></p> <p>_____</p> <p>_____</p>
<p><b>Is your volunteer service part of a community service requirement? If so, please explain.</b></p> <p>_____</p>

**PLEASE CHECK THE BOXES THAT BEST SUIT YOUR INTEREST:**

- |  |  |
|--|--|
| <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Distributing flyers       |
| <input type="checkbox"/> Assisting in our Resource Center                                    | <input type="checkbox"/> Preparing program packets |
| <input type="checkbox"/> Helping at Schmieding events  | <input type="checkbox"/> Volunteer Coordinator     |
| <input type="checkbox"/> Giving a presentation to the community: please indicate topic _____ |  |
| <input type="checkbox"/> Teaching a class: please indicate subject _____                     |  |
| <input type="checkbox"/> Other, please explain _____   |  |

**How many volunteer hours do you want to work in a week?** \_\_\_\_\_

**What days & times are best for you?** \_\_\_\_\_

**These are the days of the week that I definitely cannot volunteer:** \_\_\_\_\_

**REFERENCES:**

**Due to the sensitive private issues our volunteers may encounter, we screen potential volunteers for ethical conduct, reliability and ability to handle sometimes-stressful situations. We ask that you provide one to two references that can speak of your professional or personal character. *Please do NOT use family members.***

**1. Name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**CONFIDENTIALITY AGREEMENT:**

**All individuals performing services, visiting, or volunteering for the Schmieding Center are asked to read and sign the following statement.**

**As an individual providing service for the Schmieding Center, I understand and agree to the confidentiality policy of the Schmieding Center. This policy states:**

**I realize in signing this document that I am agreeing to act in accordance with facility policies on confidentiality at all times.**

**I will not disclose confidential information about any resident in care of his/her family to any person who is not either a staff member of the Schmieding Center or a person specifically approved by the Executive Director.**

**I will not discuss confidential information concerning residents or families in circumstances where an unauthorized person might overhear.**

**I realize that details of a resident's past history, current behavior and family history must be regarded confidential.**

**I realize that all documents relating to the resident must be carefully safeguarded and released only to authorized persons.**

**Signature: \_\_\_\_\_ Date \_\_\_\_\_**

**THANK YOU!!**

Your donation of time and energy is most appreciated by all the staff at the Schmieding Center for Senior Health and Education.