



## Volunteer Application

*To be completed and returned to Magnolia Memory Care Inc.*

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Completed Education (check one)

- High School  
 College Graduate  
 Graduate School

### Work Status (check one)

- Employed  Student  Retired

Current/Last Place of Employment \_\_\_\_\_

Title \_\_\_\_\_

Date of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Are you currently a college student?  Yes  No

If so where are you enrolled? \_\_\_\_\_

Have you ever been convicted of, or plead guilty to a felony or a misdemeanor?  Yes  No

If yes, please explain \_\_\_\_\_

### Personal References

*Please list two references. Do not use physicians or relatives.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

How are you associated? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

How are you associated? \_\_\_\_\_



**In case of Emergency (please notify)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

How did you hear about our program?  Friend  Website  Other \_\_\_\_\_

**Languages**

*Please specify if you speak other languages.*

**Availability**

*Please indicate days and hours most convenient for you to volunteer.*

**DAY**  Monday  Wednesday  Thursday  Friday

**TIME**  9:30am-2:30pm (participant support – full day)

9:30am-12:30pm (morning participant support – partial day)

11:30am-1:30pm (kitchen help and meal serving)

12-2:30pm (afternoon participant support – partial day)

After 5pm (Fundraising, Administration) \_\_\_\_\_

**Service Area Opportunities (circle all areas of interest)**

Floater

Activities

Administrative

Meal set-up, plate food, serve, wash dishes

Would you be willing to work on special fundraising projects?  Yes  No

What do you hope to gain from your volunteer experience? \_\_\_\_\_

Have you volunteered with people with Alzheimer's or other related dementias?  Yes  No

If yes, describe the experience: \_\_\_\_\_

Please list any other(s) that would be a good fit for our volunteer program:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## As a volunteer, I...

- Agree to attend the volunteer orientation and train until I am competent to perform the required duties.
- Agree to conform to all rules and regulations of The Magnolia.
- Understand that I may be dismissed from my duties for willful wrongdoing or negligence and/or performing duties outside of my service guidelines.
- Agree to contact my coordinator as soon as possible when I have scheduling changes.

The information provided in this application is true in all respects, without any willful omissions. I understand that if this application is false in any way I will be dismissed without notice regardless of when the false information is discovered.

**CONFIDENTIALITY:** All medical, financial, and personal information pertaining to a patient is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore volunteers may look at, use, or disclose patient information **ONLY** as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I acknowledge and have read the statements above and agree to abide by the expectations of Magnolia Memory Care, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_