



D'Youville

LIFE & WELLNESS COMMUNITY

981 Varnum Avenue • Lowell, MA 01854
TEL: (978) 569-1000 FAX: (978) 459-7002
E-Mail: cdobrzynski@dyouville.org

VOLUNTEER APPLICATION

(First Name) (Middle Name) (Last Name)

(Street/P.O. Box) (Apt. #)

(City) (State) (Zip Code)

Telephone: (h) _____ (Cell) _____
Date of Birth: _____ E-mail _____

EDUCATION: (Check All Levels Completed)

Junior High School High School College Major/Degree: _____
 Graduate School Major/Degree: _____
 Other Training (Please Describe): _____

Are you volunteering to comply with school/organization community service requirements?
 Yes No

If "yes" list name of your School/Organization: _____

Contact Person _____ Telephone _____

EMPLOYMENT HISTORY:

Occupation: _____

If applicable, name/city of current/most recent employer: _____

If you are working, what is your current work schedule? Full Time Part Time

WHAT DAYS/HOURS DO YOU WISH TO VOLUNTEER? _____

WHAT DEPT. OR INTEREST? _____

HOW DID HEAR ABOUT VOLUNTEER OPPORTUNITIES AT D'YOUVILLE? _____

Have you ever been convicted of a felony? Yes No

If "yes" please explain: _____

If "yes" are you required to perform community service as part of your probation agreement?

Yes No

Do you know sign language or speak a language other than English? _____

Describe any Physical or Emotional limitations: _____

LIST (3) PERSONAL REFERENCES (Please do not list relatives)

Name	Relationship	Telephone
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Name	Relationship	Telephone
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Name	Relationship	Telephone
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**Please note before volunteer services can begin, you must complete the following:*

1. *Current Tuberculosis test (TB)*
2. *Proof of physical within the past year*
3. *Completed volunteer orientation program at D'Youville Senior Care*

EMERGENCY CONTACT INFORMATION:

Name	Relationship	Telephone
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We appreciate your interest in volunteering at D'Youville Senior Care and are sincerely interested in your qualifications and availability. We do not discriminate on the basis of age, race, sex, or national origin.

VOLUNTEER STATEMENT: I wish to donate my services to D'Youville Senior Care, Inc. and I understand there is no payment for services rendered under the Volunteer Program. I understand that the facility may take photographs of me from time to time for publications or other uses. I agree to abide by the rules, regulations and policies of D'Youville Senior Care, Inc. and I shall work under the direction of the Director of the Volunteer Program. I further understand that confidentiality must be maintained concerning patient and family information. I understand that if I do not abide by the rules and regulations of the facility or break confidentiality, I will be terminated from the Volunteer Program. I authorize the Volunteer Services Department to investigate all statements made in this application and to contact any employer, reference, or physician listed, and if necessary, upon my placement, to undertake a C.O.R.I. check.

Signature: _____

Date: _____