

Adult Volunteer Application

Name: _____ Today's Date: _____

Sex: _____ Home Phone: _____ Cell Phone: _____ E-mail _____

Address: _____ Zip: _____

Employment: _____ Work Phone: _____

Any health problems? (eyesight, hearing, walking, lifting, etc.)

In case of emergency, please notify:

Relationship:

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Who referred you to this community?

Do you have any experience working with or around the elderly? If so, please explain:

What days and times are you available to serve?

When are you ready to begin your volunteer work?

Please list your skills, interests, hobbies, community activities, and any languages you speak other than English:

Do you prefer working with large groups, small groups, one-on-one, or independently?

What volunteer opportunities at Eben Ezer do you prefer to be involved with?

Other Comments:

Please give the name and phone number of two references:

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

Equal Volunteering Opportunity

EELCC is dedicated to the principles of equal employment opportunity. We prohibit unlawful discrimination against applicants or employees on the basis of age, race (including traits historically associated with race, such as hair texture and length, protective hairstyles), sex, sexual orientation, gender identity, gender expression, color, religion, national origin, disability, military status, genetic information, or any other status protected by applicable state or local law. This prohibition includes unlawful harassment based on any of these protected classes. Unlawful harassment includes verbal or physical conduct which has the purpose or effect of substantially interfering with an individual's volunteer performance or creating an intimidating, hostile, or offensive volunteer environment. This policy applies to all employees, including managers, supervisors, co-workers, and non-employees such as volunteers, customers, clients, vendors, consultants, etc.

Photo Permission

I _____, hereby grant my permission to Appear in Eben Ezer's Phoebe magazine and other promotional materials. This gives Eben Ezer Lutheran Care Center the right to use any pictures or videos of my likeness in their promotional materials. I will request no monetary or any other type of compensation to appear in photos or video recordings.

Confidential Information

We at Eben Ezer have an obligation to our neighbors to maintain their confidentiality and respect their privacy. If you are aware of a neighbor's issue that requires immediate help, please inform the charge nurse, Resident Service Director or Community Outreach Manager immediately.

You must not share confidential information or happenings with anyone who does not have a professional right or need to know. Such information is not to be shared with your family, friends or any acquaintances.

Volunteers are not permitted to make copies of any kind, reports, neighbor's information, records etc.

Release of confidential information to unauthorized persons can result in dismissal from service and could involve you in legal proceedings.

I hereby agree to regard all information received in the performance of my volunteer work for Eben Ezer as confidential and I understand my responsibility.

I agree with Eben Ezer policies and guidelines to ensure safety and security for the neighbors. I give permission for the persons listed as references to be contacted and release information to Eben Ezer.

Volunteer Permission

I _____ have read and understand all policies and guidelines, give consent to a background check, reference check, CAPS check and permission to use my photo or video for promotional materials.

Upon submission of this Volunteer Permission, you will receive an email with additional information.

Signature: _____ Date: _____