



Bethany Health Care Center • Activities Director
 97 Bethany Road • Framingham, MA 01702 • (508) 872-6750

BETHANY HEALTH CARE CENTER VOLUNTEER APPLICATION FORM

Name _____

Last
First
Middle

Address _____

Street
City
State
Zip Code

Telephone # _____ Cell Phone # _____

Email _____

Current occupation _____

How did you hear about us? _____ Date of application _____

Emergency Contact: _____

(Name)
(Phone #)
(Relationship)

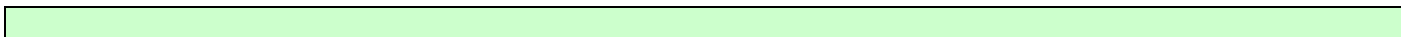
List your special hobbies, skills, talents: _____

List any volunteer/social experience you feel is relevant to working in a nursing home:

What would you like to learn/gain from your volunteer experience:

Preferred days & hours (no Sundays): _____

References		
NAME	PHONE NUMBER	RELATIONSHIP



I would be most interested in helping with the following activities/programs:

- | | |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Assisting with craft projects | <input type="checkbox"/> Distributing mail/newspapers/calendars/etc. |
| <input type="checkbox"/> Visiting residents socially | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Writing letters for residents | <input type="checkbox"/> Conducting a discussion group (book, current events) |
| <input type="checkbox"/> Singing or playing an instrument | <input type="checkbox"/> Reading aloud to residents |
| <input type="checkbox"/> Playing cards or games with residents | <input type="checkbox"/> Assist with Bingo |
| <input type="checkbox"/> Assist in the Chapel (lector, etc.) | <input type="checkbox"/> Assisting residents to/from their room, chapel, activity room, dining room, etc. |
| <input type="checkbox"/> Other _____ | |

Applicant Statement

Please read the following carefully and then sign below

As a volunteer, I understand that federal law mandates to the facility the responsibility to protect its residents and personnel from harm. As a volunteer applicant I understand that a criminal background check will be required for conviction and pending criminal case information only.

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 right to privacy. I understand that the information concerning the residents and employees shall be held in strict confidence and never discussed with anyone inside or outside the facility.

I authorize all individuals, schools and/or firms named herein as references to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release Bethany from any and all liability resulting from the verification of such information. I understand that any false statement or omission of fact on this application or on any supporting documents may be grounds for termination of volunteer status when discovered by Bethany.

In consideration of my volunteer application, I agree to adhere to the policies and regulations of Bethany Health Care Center, and agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by Bethany Health Care Center.

Signature: _____ Date: _____

Please Print: _____
First Name **Last Name**