

McLEAN COUNTY NURSING HOME VOLUNTEER APPLICATION

Contact Information

Name _____ DATE _____

Address _____

City/State/Zip _____

Preferred Phone _____ Email _____

Date of Birth _____ Referred by _____

Place of Employment/School _____

Work Phone _____ May we call this number? Yes No

Emergency Contact _____ Phone _____

Is your volunteer work required to complete community service hours for one of the following?

School Organization Court Services TANF Assistance

If yes, what school/organization & how many hours are required? _____

What is your availability? Please mark all that apply:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7a-9a						N/A
9a-11a						
11a-1p						
1p-3p						
3p-5p						N/A
After 5p						N/A

How often would you like to volunteer? (Once a week/month, etc...) _____

Have you volunteered before? Yes No

If yes, where? _____

Have you worked with the elderly? Yes No

If yes, where? _____

Areas of interests; Please check all that apply:

- Escort residents to medical appointments
- Socials/Parties/Special events
- Bring your own pet to visit
- Crafts, seasonal decorating
- Help in the Dining room
- One-to-One visits
- Manicures
- BINGO
- Outings
- Singing/Playing Music*

*If yes, what type of instrument? _____

I have reviewed and understand the Compliance Policy, Abuse Policy, Volunteer Regulations, and Volunteer Guidelines. My questions have been answered. Yes No

Volunteer Signature _____ Date _____

McLean County Nursing Home (MCNH) requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the organization, as well as the residents.

I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my Volunteer position at MCNH. In addition, I will not discuss these matters with friends, family, or anyone outside of the Nursing Home. Further, I understand and agree that breach of this agreement shall constitute grounds for, and may result in, termination of my volunteer status with MCNH. My obligation to maintain confidentiality regarding the above statements stays in place after leaving my volunteer position at MCNH.

***If you are completing community service hours for court services, you must present all proper documentation before volunteering. If you miss your scheduled day without good reason or notification the MCNH has the right to deny you any future volunteer services.**

Volunteer Signature _____ Date _____

Volunteer Coordinator Signature _____ Date _____

If applicant is under 18 years of age, a parent/guardian must sign this form before beginning to volunteer at McLean County Nursing Home.

Parent/Guardian Signature: _____ Date _____