Please submit this application along with your recent TB (Tuberculosis) test result. The test result must not be older than 12 months.

_____
Application date
This application is only valid for 12 months from the above date

OUR LADY OF
FATIMA VILLA

Rehabilitation Services
Skilled Nursing
Assisted Living
Respite Care
IN THE DOMINICAN TRADITION

Volunteer Application

(Please Print)

Name (Last, First, M.I.) Phone (Cell/Home)

Street or Mailing Address Email Address (optional)

City State Zip Highest level of Education Completed

DOB Students: List School

If under 18, please list Parent/Guardian:

Parent/Guardian Full Name

Home Phone Relationship to Volunteer

Cell Phone Work Phone / Email

How did you hear about us?

Previous Work/Volunteer Experience:

_____
_____
_____
_____
_____
_____

Please list any hobbies, skills or talents:

_____
_____
_____
_____
_____
_____

References:

_____
Name Relationship Phone Number

_____
Name Relationship Phone Number

<u>Please select the tasks that you would be willing to do:</u>

Individual Visits ____
Write letters____
Read religious materials___
Take residents for walks/strolls____
Prep work for activities____
Resident Outings ____
Dining Set-up____
Help residents read/sort mail____
Read Books/Magazines____
Sensory Stimulation____
Assist w/Sing-a-longs____
Lead activity groups____
Office Work ____
Pastoral Care____
Help with parties: Serving refreshments and clean up____

Please list the times that you are available on the following days:

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Volunteer's Pledge

Believing that Our Lady of Fatima Villa has a real need of my services as a volunteer worker:

- I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- I will conduct myself with dignity, courtesy and consideration.
- I will endeavor to make my work of the highest quality.
- I will consider as confidential all information which I may hear directly or indirectly concerning a resident, doctor, or any staff person, and will not seek information in regard to a resident.
- I will take any problems, criticisms or suggestions to the Activity Coordinator.
- I will uphold the traditions and standards of this community and will interpret them to the community at large.

Volunteer's:		Parent/Guardian's:	
Signature	_____	Signature	_____
Name	_____	Name	_____
Date	_____	Date	_____

Volunteer Bill of Rights

- The right to be treated as a co-worker.
- The right to a suitable assignment.
- The right to know as much about the community as possible: its people, its policies and its program.
- The right to be trained for the job.
- The right to be heard.
- The right to recognition.

Once this form is submitted you will be given a copy of "Volunteer's Handbook" for your reference to be in the facility. We appreciate your time and effort in volunteering at Our Lady of Fatima Villa.