

THE HICKMAN VOLUNTEER APPLICATION

The Hickman follows the principles of the Religious Society of Friends. It provides equal opportunities for all qualified persons regardless of race, color, sex, sexual preference, age, religion, national origin, or limited handicap. The Hickman's firm policy is to disregard these factors during the evaluation of volunteers. As a volunteer, you must treat others in a nondiscriminatory manner.

Personal Information <i>Note: The Hickman reserves the right to require proof of identification.</i>		
Name (First, Middle, Last):		
Address (Street, City, State, Zip Code):		
Home Phone:	Work Phone:	Cell Phone:
Birth Date:		Social Security Number:
Email Address:		
Emergency Contact Person (Name, Phone Number and Relationship):		
Parent/Guardian if under 18 (Name and Phone Number):		
Education:		
Degrees, Licenses, or Certificates Earned:		
Have you ever been employed by The Hickman?: Circle: Yes or No		
Health History		
Health Condition: (Please circle) Excellent Good Fair Poor		
Any significant allergy, illness or disease you would like to make us aware of?		
Any lifting or other health restrictions?		
Volunteer History and Interests		
Any current or prior experience volunteering?		
Special Skills/Interest/Hobbies:		
Days you are available: (circle) Mon. Tues. Wed. Thur. Fri. Sat. Sun.		
What time of day would you be available? (circle) Day Evenings Weekends		

Approx. how many hours can you donate?: _____ Day _____ Week _____ Month		
Do you prefer: _____ 1:1 interaction with residents _____ Group activities with residents		
What kind of volunteer work are you most interested in?		
Personal References		
Name	Telephone	e-mail address
Occupation (<i>List your current or last employer</i>)		
Employer	Dates:	to
Address:		
Phone Number:	Job Title:	

- I have not been convicted of a violent crime and was never dismissed from employment due to abuse of clients or residents.
- I understand that this facility respects residents’ rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and keep “professional” confidentiality in all my statements outside The Hickman; and I agree to respect residents’ rights to privacy, as well as those of the family and the facility when out in the community or socializing with others.
- If selected to participate in The Hickman’s volunteer program, I agree to abide by the established rules and regulations of the facility.
- I understand that my volunteer relationship can be terminated at any time, at either the option of the facility or myself.
- I voluntarily give The Hickman the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I certify that the above information in this application is correct to best of my knowledge.

Applicant (Please Print)

Date

Signature

Permission Approval for JR Volunteer (Under 18 years of age)

I give permission for _____, to do volunteer work at The Hickman.

Signature of Parent/Guardian

Date