

GLENDALE NURSING HOME
VOLUNTEER APPLICATION

DATE OF APPLICATION: _____

NAME: _____

ADDRESS: _____

CITY & ZIP CODE _____

PHONE: HOME _____ **WORK** _____ **CELL** _____

EMAIL: _____

DATE OF BIRTH: _____

PERSON TO NOTIFY IN EMERGENCY:

NAME: _____ **RELATIONSHIP:** _____

PHONE: HOME _____ **WORK** _____ **CELL** _____

MEDICAL HISTORY: (See Attached Form)

WOULD YOU LIKE TO VISIT/ASSIST:

ONE ON ONE _____ (Visit Residents on a one to one basis)

GROUP _____ (Assist in transporting in facility to & from religious services/bingo/etc.)

OTHER _____ (Please be specific)

TIMES AVAILABLE FOR VOLUNTEERING:

DAY(S): MONDAY _____ **TUESDAY** _____ **WEDNESDAY** _____

THURSDAY _____ **FRIDAY** _____ **SATURDAY** _____ **SUNDAY** _____

MORNINGS _____ **AFTERNOONS** _____ **EVENINGS** _____

OFFICE USE ONLY:

HEALTH ASSESSMENT COMPLETED _____

REVIEW OF PACKET & SIGNED COMPLETION SHEET _____

CHAUNCEY REPORT _____

PHOTO I.D. PICTURE TAKEN _____