



1881 Telegraph Road
Rising Sun, MD 21911
Phone: (410) 658-6555
Fax: (410) 658-9717
TDD: (800) 735-2258

Volunteer Application

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

In case of emergency, whom should we contact?

Name: _____ Relationship: _____

Address: _____

Home phone: _____ Cell Phone: _____

Who referred you to Calvert Manor Healthcare? _____

Do you have any health problems that may limit your participation in certain types of programs?

Yes No If yes, please explain and list who we may accommodate you: _____

Do you speak, read, and understand English? Yes No

Do you speak any foreign languages? Yes No If yes, which one(s)? _____

Educational Background: _____

Present occupation: _____

Special training or skills: _____

Do you play a musical instrument? Yes No If yes, what? _____

Would you consider using your musical skills as part of your volunteering? Yes No

Do you draw or enjoy arts & crafts? Yes No Specific skills: _____

Do you have any special interests you would consider sharing? _____

What are your hobbies? _____

Do you play sports? Yes No If yes, please list: _____

What do you like to read? _____

If volunteering for a field of study, service learning project, or school requirement, please note:

Number of hours needed: _____ Date needed by: _____

Do you need an evaluation of performance completed? Yes No

If yes, please discuss this with the activity director at the time of orientation

Have you ever volunteered/worked in a healthcare facility? Yes No

If yes, where? _____ What was your position/department? _____

Are you representing an organization? Yes No

If yes, name of organization: _____

Who referred you? _____

When are you available? _____

For volunteers **UNDER 18** years of age, please have your parent or legal guardian review this application and sign & date below. **IT IS ESSENTIAL THAT CALVERT MANOR HAS THIS SIGNATURE BEFORE YOU BEGIN VOLUNTEERING AT OUR FACILITY.**

Signature: _____ Date: _____
Parent/Legal Guardian

May we use your name or photograph for publicity purposes (i.e. newspaper, bulletin board, newsletters, brochures, etc.)? Yes No

Volunteer Signature: _____ Date: _____

VOLUNTEER AGREEMENT

CALVERT MANOR HEALTHCARE CENTER complies with all laws regarding discrimination. No question on this application is asked for purpose of limiting or excluding any applicant's consideration for volunteer services because of his/her race, color, religion, sex, age, national origin, or physical disability not related to volunteer's assignment.

I hereby apply for a volunteer position with Calvert Manor Healthcare Center, and I understand that any position given to me will be on a trial probationary period of ninety days. Any false statements made on this application will be considered sufficient cause for dismissal.

I authorize Calvert Manor Healthcare Center to make inquiry of all persons, schools, and former employers to supply information, written and oral, concerning my character, general reputation, personal characteristics, etc., and to furnish reports. I release all references and Calvert Manor Healthcare Center from all liability and responsibility for supplying or collecting reference information.

I certify that I am at least eighteen years of age. If not, I will obtain my parent's or authorized legal guardian's written consent before performing any volunteer services.

I agree to conform to the rules and regulations of the center to the best of my abilities. I agree to respect the confidential nature of my personal contacts with the residents. I agree to participate in orientation and training in-services. I agree to call and let the facility know, as soon as possible, if I am unable to come in at my regularly scheduled time.

Volunteer Signature: _____ Date: _____