

Assignment:	
Availability:	
Start Date:	

Student Application for Volunteer Services

Name Date of Birth		of Birth
Address	City	State
Zip Code	Email address	
Home Phone	Cell phone	
Parent/Guardian		
In Case of Emergency Contact		Telephone
School		Grade
School Clubs & Extra Curricula	ar Activities	
Past Volunteer/Work Experience	:e	
Hobbies/Skills/Special Interest _		
Career Interests		
Have you ever been convicted o	of a crime?If yes, explain	when, where, and disposition
of the case		
Is volunteer work a requiremen	t for a class or specific organizat	ion? Total hours
List days and times available for	r volunteering	
Anticipated length of your volume	nteer service with us	
Please list any work activities or	conditions you would prefer to	avoid (i.e. prolonged standing,
reading small print, pushing wl	neelchairs, etc.)	

Personal reference:				
Name				
Address				
Telephone				
School reference:				
Name:	Telephone			
POLICY	ON CONFIDENTIALITY			
Confidentiality of all inf Any and all discussions background, personal li and not to be	s a Wesley volunteer, I will respect the formation gained in the course of my work. and information regarding residents, their ife or medical status is strictly confidential discussed with anyone other than ppropriate Wesley staff.			
I am in receipt of WHCC's HIPAA policy, Whistleblower Policy and the Compliance Brochure. I have read, understand and hereby agree to comply with all rules, policies and procedures set forth by Wesley Health Care Center, Inc.				
Signature:				
Print Name:				
Parent/Guardian Signature:				
Date				
Please complete this form and retu	orn:			
In Person or via Mail to:	The Wesley Community Volunteer Director 131 Lawrence Street Saratoga Springs, NY 12866			
For more information please contact:	Volunteer Services at 518.691.1457 Volunteer@TheWesleyCommunity.org www.TheWesleyCommunity.org			