



THE WESLEY COMMUNITY
WESLEY HEALTH CARE CENTER

Assignment: _____

Availability: _____

Start Date: _____

Application for Volunteer Services

Name _____ **Date of Birth** _____

Address _____ **City** _____ **State** _____

Zip Code _____ **Email address** _____

Home Phone _____ **Cell phone** _____

Name of Employer _____

In Case of Emergency Contact _____ **Telephone** _____

Volunteer Experience _____

Education/Special Training/Foreign Languages _____

Hobbies/Skills/Special Interest _____

Career Interests _____

Have you ever been convicted of a crime? _____ **If yes, explain when, where, and disposition of the case** _____

How did you learn about the volunteer program at The Wesley Community? _____

List days and times available for volunteering _____

Anticipated length of your volunteer service with us _____

Please list any work activities or conditions you would prefer to avoid (i.e. prolonged standing, reading small print, pushing wheelchairs, etc.) _____

Personal reference:

Name _____

Address _____

Telephone _____

POLICY ON CONFIDENTIALITY

I understand that as a Wesley volunteer, I will respect the Confidentiality of all information gained in the course of my work. Any and all discussions and information regarding residents, their background, personal life or medical status is strictly confidential and not to be discussed with anyone other than the appropriate 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 return:

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**