THE WESLEY COMMUNITY

The Wesley Community Volunteer Application

Personal Information

Legal First Name:	Last Name:
Date of Birth:	Phone #:
Drivers License #:	
Address:	
City/State/Zip:	
Email Address:	

Employement Information

Employment Status: □ Full-Time □ Part-Time □ Seasonal □ Temp □ Retired □ Student

Name of Employer: _____

Employment Start Date: _____ End Date (if applicable): _____

If student volunteer- Name of School: _____ Grade: _____

Volunteering Information

List your volunteer experience, including organizations, responsibilities, and dates (if applicable).

_____

_____

_____

_____

_____

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

_____

_____

_____

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Volunteer Preferences & Availability

Please indicate the time(s) you are available to volunteer for each day listed below.

Day(s)	Time(s)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Would you be interested in volunteering on a regular basis? □ Yes, I'd like to volunteer regularly
□ No, I'm interested in one-time opportunities only □ I'm not sure at the moment

Anticipated length of your volunteer service with us or state required hours: _____

Please list any language(s) you speak other than English: _____

Education/Hobbies/Skills/Special Interests: _____

_____

_____

_____

_____

Please select all areas of interest

□ Life Enrichment: Pet Visits, read to residents, music – playing and/or listening, 1:1 sensory enrichment with residents, arts & crafts, spending time outdoors, providing meaningful interactions based on resident preferences.

□ Maintenance: yard and lawn care, hanging pictures in resident rooms

□ Environmental Services: dusting, trash pickup/take out, cleaning windows, light vacuuming lobby areas, ground floor general sanitizing.

□ Nursing Department: customer service resident needs, answering call lights, unit assistant program.

□ Social Services: resident room changes, paper filing.

□ Dining and Nutritional Services Volunteer: cold prep, prepping desserts, dish washing.

Health & Background Information

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

_____

Are you physically capable of pushing a wheelchair and comfortable doing so? □ Yes □ No

Individuals applying to the volunteer program are required to successfully complete a health screening with our employee health RN. Submission instructions provided upon acceptance. Screening includes:

MMR Vaccine or Titer	Required
A two-step TB test	1st test required to be completed prior to starting onsite. 2nd test is required within 30 days of start date.
Annual TB screen (health assessment)	Required
Flu Shot	Not required. If not received, a declination is required to be on file.
Varicella Vaccine	Recommended, but not required.

Have you ever been convicted of a crime? □ Yes □ No

If yes, explain when, where, and disposition of the case: _____

_____

_____

By submitting this application to volunteer with The Wesley Community, you are agreeing to a background check.

References

Please list two professional references below

Name:	Relationship:
Phone #:	Email (optional):

Name:	Relationship:
Phone #:	Email (optional):

HIPAA ACKNOWLEDGEMENT

By signing below you are indicating that you have read the below statement and understand the policies of The Wesley Community regarding the confidentiality of our residents' health care information whether in written, unwritten, or electronic form. I understand that this information belongs to the resident and must guard the information appropriately. This includes, but is not limited to, keeping patient health care information secure, and not discussing patient-specific issues and information in public areas or when you leave Wesley. Health care information is any identifying characteristics including but not limited to, name of resident, location at Wesley, diagnosis, or any other identifying information.

I pledge to abide by HIPAA's Privacy Rules and by any state laws that provide greater protection or rights to patients.

Print Name: _____

Signature: _____

Date: _____

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 The Wesley Community'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 The Wesley Community.

Print Name: _____

Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____

Please complete this form and email to Eileen Nash at emnash@thewesleycommunity.org or send via mail:

Eileen Nash
131 Lawrence Street
Saratoga Springs, NY 12866

For questions or more information please contact Eileen Nash at emnash@thewesleycommunity.org or (518) 691-1419 or visit our website www.thewesleycommunity.org