



VOLUNTEER REGISTRATION

Name: _____ S.S. # _____
I.D./D.L. # _____ State issued: _____ Home Phone: _____
MALE [] FEMALE [] Age: _____ Cell Phone: _____
Address: _____ City: _____
State: _____ Zip: _____
Employment: _____ WK Phone: _____
Who referred you to our facility: _____
Organization or church represented (if applicable)? _____

In case of Emergency, please notify: _____
Relationship: _____ Cell phone: _____

Why do you want to volunteer? _____

Why did you choose an Assisted Living Center? _____

Do you have any experience working with or around the elderly? If so, please explain:

What days and times are you available to serve? _____

When are you ready to begin your volunteer work? _____

List other languages you speak other than English: _____

Do you usually prefer working with large groups, small groups, one on one, or independently? _____

Do you already have an idea of what you would like to do while volunteering here?

Please give the name and phone number of two references:

VOLUNTEER CONFIDENTIALITY STATEMENT

I, _____, hereby agree to regard all information received while volunteering in this Assisted Living facility as confidential.

I understand that this facility respects residents' rights with regard to privacy of information and follows all laws regarding HIPAA. I understand I will be held to these standards during my service at Golden Age Home and while making presentations concerning my service. I agree to respect these rights of residents, as well as those of the family and the facility staff while performing my volunteer duties and keep "professional" confidentiality in all my statements outside the facility. The content of any presentations will be approved in advance by the Director of Volunteers or the Department Head.

Signed By:

Volunteer

Date

Director of Department