

VOLUNTEER APPLICATION

Thank you for considering Bickford Cottage or Bickford House as a volunteer opportunity. All applicants are considered for our volunteer program without regard to race, color, creed, national origin, sex, age, disability, veteran status or any other characteristic protected by law.

PERSONAL DATA

Date of Application	_____
Social Security #	_____
Name	_____
Current Address	_____ _____
Telephone (day)	_____
(evening)	_____
E-mail Address	_____
Date of Birth	_____
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please describe the offense.

VOLUNTEER INTEREST

Preferred time(s) to volunteer	_____	Preferred day(s) to volunteer	_____
<input type="checkbox"/> Daily	<input type="checkbox"/> Twice a week	<input type="checkbox"/> Every other week	<input type="checkbox"/> Special Occasions
<input type="checkbox"/> Once a week	<input type="checkbox"/> Once a month	<input type="checkbox"/> Other	

Our residences operate 24 hours a day, 365 days a year. Are you available to volunteer holidays? _____

How or by who were you referred to us?
Names of friends or relatives employed by or residing at Bickford Senior Living Group (Cottages/Houses): _____

If applying for a volunteer position that requires driving, please provide your license number
STATE _____ LICENSE # _____

What hobbies/interest do you have as a volunteer with Bickford?

HISTORY

Who is your current employer or school (if applicable)?

Do you have any experience in working with people with memory impairment? If yes, please describe. _____

Do you have past volunteer experience? If yes, please describe.

Why do you want to volunteer at Bickford?

REFERENCES

Please list at least two professional and/or two personal people we may contact with reference to your volunteer application. Include at least one business related reference.

	Reference Name	Address	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

APPLICANT RELEASE AND ACKNOWLEDGMENT

I understand that Bickford Senior Living Group (hereafter referred to as the Company) requires certain information about me to evaluate my qualifications for their volunteer program. Therefore I authorize the Company to contact the above listed references. I agree to release those parties supplying such information to the Company from all liability or responsibility with respect to the information supplied.

I also understand that the Company will complete a consumer report (background check or driving records check) if required by the state guidelines or due to my volunteer tasks. In the event that information from the report is utilized in whole or part in making an adverse decision with regard to my potential volunteer opportunity with us, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

I agree that I will not disclose or use while volunteering any confidential or proprietary information of others. I will respect the rights of the residents while in their home.

I understand that as a volunteer I am not to accept any gifts from any of the residents or their family members.

I understand that any false answers or statements made by me on this application may be grounds for refusal of my offer of volunteer services.

My signature below acknowledges that I have read and understand the entire application.

Signature

Date