

Cedar Crest Inc. Volunteer Application

Cedar Crest's volunteer program is mission driven. Our Cedar Crest Mission is:

To enrich the quality of life for senior adults at all levels of independence, guided by a spiritually based, not-for-profit culture that fosters compassion and care.

Date _____ Name _____

Address _____ Apt. # _____

City _____ State _____ Zip code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Which phone # is best to reach you during the day? **Circle One:** Home Work Cell

Email _____ Do you check email regularly? Yes _____ No _____

Emergency contact _____ Relationship _____

Phone _____

Current Status – Please circle all that apply:

Student Seeking Employment Employed Retired Other: _____

Highest Level of Education Received: _____

Are you currently a student? Yes _____ No _____

If yes, what school? _____ What grade? _____

For Students under Age 18 (Note: High School age and older can volunteer independently. Age 10 through Middle School must volunteer with a parent or guardian. Younger than age 10 must have Volunteer Coordinator approval.):

What School, Grade and Age? _____

Parent(s) or Guardian(s) Name(s): _____

Parent or Guardian Phone: Home _____ Cell _____

Extracurricular Activities Involved In: _____

Current Employer (if applicable): _____ **Position / Title:** _____

Work Schedule _____

Have you ever volunteered before at Cedar Crest?

No _____ Yes _____, dates _____.

Are you currently employed at Cedar Crest or have you ever been employed by Cedar Crest?

No _____ Yes _____, dates of employment/position _____.

Do you have a family member who is / was employed by Cedar Crest?

No _____ Yes _____, dates of employment/position _____.

Do you currently or have you ever had a family member or close friend who lived at Cedar Crest?

No _____ Yes _____, name of family member or close friend _____.

Volunteer experience:

Please describe current and past volunteer work (name of organization and duties):

Experience in working with older adults: Please provide specifics.

Why do you want to volunteer at Cedar Crest? _____

How did you learn about volunteering at Cedar Crest? Circle all that apply: Cedar Crest Website
Friend Agency Referral Walk/Drive by Volunteer Match.org Media: Newspaper, TV or Radio
Church School Other _____

Do you have any special hobbies, interests, talents, skills or other languages you speak to offer as a volunteer? _____

Do you have special needs that need to be considered or that would limit your volunteer activities?

If yes, please explain: _____

How often do you want to volunteer? _____ Once or more per week _____ Twice per month
_____ Once a month _____ Other

How long do you plan to stay with us? _____

Do you have required volunteer hours? _____ No _____ Yes (explain purpose/how many hours): _____

Volunteer Availability: (circle all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon	9:00AM to Noon
1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM	1:00 to 5:00PM

Please provide two adult non-family references: If applicable, please provide a previous volunteer coordinator you worked with as a reference.

Name _____ **Relationship** _____ **Phone** _____

Email _____

Name _____ **Relationship** _____ **Phone** _____

Email _____

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

If yes, please explain _____

****A background check is required for all employees and volunteers****

All of the above information is given freely and without reservation, and is true and correct to the best of my knowledge. I understand that falsification of this application is reason for rejection or closure and the placement of volunteers is at the

discretion of Cedar Crest. I authorize agents of Cedar Crest to check the references provided. I understand that Cedar Crest requires passing of a police/background check for volunteer applicants and grant my permission for such a check. I must complete an interview and orientation by the Volunteer Coordinator prior to beginning volunteer work. Should I be offered a volunteer position, any misrepresentation by me may lead to termination. I also understand that either Cedar Crest or I can terminate my volunteer service, with or without cause and/or notice, at any time. If accepted, I will abide by the rules and regulations of Cedar Crest. I understand that completing the application process does not guarantee acceptance as a volunteer.

Occasionally images may be taken of me and / or my child during Cedar Crest related activities. I give permission for use of these photos/audio/videos for promotional or training purposes for the benefit of the program and services without further notice to me and without compensation. For volunteers under age 18, no identifying information will be given unless parent / guardian approves. Images will not be sold. (If you do not approve photo/audio/video authorization, please request an alternative form.) I understand that these photographs are the sole property of Cedar Crest Inc.

Signature of Volunteer _____ **Date** _____

Signature of Parent/Guardian if under 18 _____ **Date** _____

Please refer any questions to the volunteer coordinator, Linda Lyke, at 608-373-6327.

*****FOR OFFICE USE ONLY*****

Volunteer Name _____

Background Check Passed on (Date) _____

Reference Check(s) – Name _____ **Date** _____

Comments by Reference Check _____

Date of Interview _____ **Date of Orientation** _____

Volunteer Interests _____

Assignment Placement(s), Position, Hours/Days Interested In :

Notes:

Flu Vaccine? _____ **At CC or elsewhere (circle one)**

Birthday _____