Volunteer Office

PO Box 819

Goshen In 46527

(574) 537-4198

**One Time Volunteer Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Initial

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Covid Vaccinated: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Volunteer Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been convicted of, pled guilty to, or received a suspended sentence for a felony or misdemeanor other than a minor traffic violation within the last five years? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read carefully before checking “I agree”;

 I will be attentive to staff and assist them as they request. \_\_\_\_\_\_I agree

 I will not use my cell phone while volunteering for Greencroft Goshen. \_\_\_\_\_\_I agree

 I will not take any photographs of Greencroft Goshen residents. \_\_\_\_\_\_I agree

 I will not transfer residents in and out of chair of bed. \_\_\_\_\_\_I agree

 I will respect the privacy of Greencroft residents and not give out \_\_\_\_\_\_I agree

 resident names or health information.

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. If the information provided in this document is found to be untruthful, I understand that I will be released from the volunteer program.

I also understand all information available to me through my volunteer position is confidential and must not leave Greencroft Goshen.

Volunteering means commitment to a definite program. I understand that I will not be paid for my services as a volunteer. Because I am promising to work without salary does not change the fact that other people depend on me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Signature Date

Parent/Guardian (required for under 18 years old)

Emergency Contact Information: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_