



# VOLUNTEER APPLICATION

(PLEASE TYPE OR PRINT CLEARLY)

NAME (LAST):

FIRST:

MIDDLE:

STREET ADDRESS:

CITY:

STATE:

ZIP:  
No.

TELEPHONE

EMAIL:

PREVIOUS VOLUNTEER EXPERIENCE:

HOURS AVAILABLE:

ON WHAT DAYS WOULD YOU BE AVAILABLE?

MON  
  TUE  
  WED  
  THU  
  FRI  
  SAT  
  SUN

DO YOU HAVE ANY SPECIAL TALENTS YOU WISH TO SHARE WITH OUR RESIDENTS?  
 YES  
 No

*If yes, describe:*

WHAT TYPE OF ACTIVITIES WOULD YOU BE WILLING TO HELP WITH? (LIST IN ORDER OF PREFERENCE)

DO YOU HAVE ANY CONVICTIONS FOR CRIMINAL OFFENSE?  
 YES  
 NO

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF INFORMATION PROVIDED IN MY APPLICATION OR INTERVIEWS MAY RESULT IN DISCHARGE, NO MATTER WHEN DISCOVERED. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND INVESTIGATION INTO MY BACKGROUND AND REFERENCES. I RELEASE THIS ORGANIZATION AND ANY OTHER INDIVIDUAL OR ENTITY FROM ANY AND ALL LIABILITY, WHATSOEVER, ASSOCIATED WITH OBTAINING OR RELEASING INFORMATION ABOUT ME. I UNDERSTAND AND AGREE THAT MY VOLUNTEER RELATIONSHIP WITH COUNTRY MEADOWS MAY BE TERMINATED EITHER BY ME OR BY COUNTRY MEADOWS AT ANY TIME AND FOR ANY REASON, WITHOUT PRIOR NOTICE TO THE OTHER PARTY. I CERTIFY THAT I DO NOT HAVE ANY HISTORY OF OR CONVICTION FOR VIOLENT CRIME, MORAL OFFENSES OR OF ABUSING PERSONS, EXCEPT AS NOTED ON THIS APPLICATION. I FURTHER CERTIFY THAT I WAS NEVER DISMISSED FROM EMPLOYMENT DUE TO ABUSE OF CLIENTS OR RESIDENTS.

SIGNATURE: \_\_\_\_\_

DATE:



## Volunteer Confidentiality Statement

I, \_\_\_\_\_, (*please print name*) hereby agree to regard all information received in the performance of my volunteer work in this health care facility as confidential.

I understand that this facility respects residents' rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and keep "professional" confidentiality in all my statements outside the facility.

I agree to respect residents' rights to privacy, as well as those of the family and the facility whenever I make community presentations or participate in volunteer recruitment programs. The content of these presentations will be approved in advance by Community Life Coordinator or the Department Head.

↓ SIGNED BY ↓

\_\_\_\_\_  
VOLUNTEER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DIRECTOR OF DEPARTMENT

\_\_\_\_\_  
DATE



### AUDIO-VISUAL RELEASE FORM

We develop promotional and training materials to share with prospective residents, families and co-workers about residency and careers at Country Meadows and Ecumenical Retirement Community (“Companies”). These materials help residents, families and co-workers understand what it’s like to live/work/volunteer here, train new staff members and educate senior care professionals on our supportive services.

I, the participating individual, hereby agree and consent to the use of my name and image on a photograph, video, website or social media channel, for use by the Companies for any and all publications, broadcasts, audiovisual communications, websites and social media, and/or general media purposes, without limitation as to place and time. This consent is in force until such time that I notify the Companies of my intent to revoke this consent. This I do without claim to remuneration or charges either present or future.

Description of audio-visual: Photograph and identification of individual for use in print or electronic media including publications, video, social media and website.

Participant’s Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**DISCLOSURE AND AUTHORIZATION TO RELEASE INFORMATION  
FOR BACKGROUND CHECK**

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

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

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

Maiden Name/Aliases: \_\_\_\_\_

The following is for identification purposes (to perform the background check and will not be used for any other purpose):

Social Security Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sex:         Male         Female        Race: \_\_\_\_\_

Driver's License # and State Issued: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

(PA Only) I certify, I have been living in PA for at least the last 24 months consecutively?  Yes  No

| Current Address | City/State | Zip Code | County | Length at Address |
|-----------------|------------|----------|--------|-------------------|
|                 |            |          |        |                   |
| Former Address  | City/State | Zip Code | County | Length at Address |
| Former Address  | City/State | Zip Code | County | Length at Address |
| Former Address  | City/State | Zip Code | County | Length at Address |
| Former Address  | City/State | Zip Code | County | Length at Address |

**NOTE: WE NEED ALL ADDRESSES FOR THE PAST SEVEN YEARS**

**DISCLOSURE AND AUTHORIZATION TO RELEASE INFORMATION FOR  
BACKGROUND CHECK continued**

I understand that in connection with my application for employment (or promotion), a consumer report may be requested. This report may contain information as to my character, general reputation, personal characteristics or mode of living.

I hereby authorize and request any former employer, school, law enforcement agency, financial institution or other persons having personal knowledge about me to furnish PATCH and Data Facts with any and all information in their possession regarding me, in connection with an application for employment.

I understand and offer my consent for PATCH, Data Facts, PA Child Abuse History and FBI background checks to inquire into and/or obtain any records such as previous employment, references, educational, motor vehicle records, workers compensation, credit and criminal histories.

I acknowledge that a photocopy or fax of this authorization be accepted with the same authority as the original. According to the Fair Credit Reporting act, I am entitled to know if employment is denied because of information obtained from the Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

The scope of this notice and authorization is all-encompassing, however, allowing Country Meadows, and/or the Ecumenical Community to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if I am hired, throughout the course of my employment to the extent permitted by law.

I have read and understand this disclosure and consent form and I swear and affirm that I am not disqualified from employment based on the section 503 of the Older Adults Protection Services Act. I further swear and affirm that I don't have *any* criminal convictions which have not been previously disclosed.

I understand if it is determined that I do have any convictions that were not previously disclosed, I will be dismissed immediately. **\*\*PA APPLICANTS ONLY\*\*** - I understand that if it is found that I have lived outside of PA in the last two years and I had not disclosed this information, I may be dismissed immediately.

I understand that if I am required to complete an FBI background check, that I may be hired on a provisional basis pending receipt of the FBI clearance. Any inaccurate, false, or not previously disclosed criminal convictions may be grounds for immediate dismissal.

Please list all criminal convictions and dates (DO NOT LEAVE BLANK):

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The information above may have been collected by a preparer and is correct as of the date listed below. My background reports may have been completed on a previous date, per my verbal authorization.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

HR Public/Forms/Background Check Forms/ Background Authorization Form



## Social Media Policy for Volunteers

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### *Online Posting and Social Media Policy Overview*

This policy applies to both business and personal use of any web site, multimedia site, social media site (such as Facebook, Twitter, Instagram, etc.), blog, or other site where text, photos, videos, audio files, or other content may be posted, which are referenced herein as "social media sites."

All co-workers and volunteers should exercise good judgment and common sense when accessing and using the Internet. When speaking about Country Meadows Retirement Communities or Ecumenical Retirement Community on any website, multimedia site, social networking site, blog, or other site where text, photos, videos, audio files, or other content may be posted, co-workers and volunteers should clearly identify themselves as such of Country Meadows and Ecumenical and include a disclaimer that the views expressed are the co-workers'/volunteers' own views and are not the views of Country Meadows or Ecumenical.

Co-workers and volunteers are legally responsible for their postings, which may subject them to liability if posts are found to be defamatory, harassing, in violation of privacy rights, or in violation of any other applicable law. Co-workers and volunteers also may be liable for postings which include confidential or copyrighted information belonging to third parties (including posting unauthorized photos or video of residents, co-workers or other volunteers). Online postings should respect copyright, privacy, fair use, financial disclosure, and other applicable laws. Country Meadows and Ecumenical reserve the right to request that co-workers and volunteers remove postings that are in violation of this policy.

### *Photographing and Videotaping Residents is Prohibited:*

Not all residents agree to participating in a photograph and/or video used for promotional purposes such as an advertisement, direct mail, poster, website, email, social media site, etc. Therefore photographing and videotaping residents, co-workers or other volunteers is prohibited. You may collaborate with your supervisor to obtain approved photographs, video clips, etc. for your personal online presence, if so desired.

***By signing below, you are agreeing to these terms.***

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or if a group, the volunteer group leader must sign on behalf of the group confirming acknowledgement and agreement to these terms by all group members:

Volunteer Group Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(For volunteers under 18 years old)*

Parent/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FORM FOR MINOR VOLUNTEERS

(IF UNDER 18 YEARS OLD)

\_\_\_\_\_ has my permission to be a volunteer at *Country Meadows*. I understand that *Country Meadows* is not liable for injuries that occur while my child is doing volunteer work. I have read the rules with my child and we both understand and agree to adhere to them.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date