

VOLUNTEER APPLICATION FORM

NIAGARA LUTHERAN HEALTH SYSTEM

64 HAGER STREET - BUFFALO, NY 14208 - (716) 886-4377- WWW.NIAGARALUTHERAN.ORG

NLHRC

LCH

GHRC

GF MANOR/COURT

Name:	Date:
Address:	Best Telephone Number to Contact you at:
City-St-Zip	
Additional Means of Contact (email address):	
Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Which day(s) of the week would be the most convenient for you to volunteer?
- Mon am Mon pm Thurs am Thurs pm Sun am Sun pm
 Tues am Tues pm Fri am Fri pm
 Wed am Wed pm Sat am Sat pm

2. Do you have any physical or medical limitations that would affect your ability to complete certain tasks?
 Yes No

Please explain:

3. Please indicate services with which you are most interested in serving:
- | | |
|--|--|
| <input type="checkbox"/> Filing | <input type="checkbox"/> Visiting, reading and writing for residents |
| <input type="checkbox"/> Computer work | <input type="checkbox"/> Transporting residents for therapy |
| <input type="checkbox"/> Assisting with worship services | <input type="checkbox"/> Transporting residents to activities |
| <input type="checkbox"/> Shredding | <input type="checkbox"/> Assisting the hairdresser |
| <input type="checkbox"/> Sewing/mending | <input type="checkbox"/> Assisting in leisure time activities |
| <input type="checkbox"/> Sorting/distributing mail | <input type="checkbox"/> Gift shop/café |
- Other (please indicate details)

4. If you listed "Assisting in Leisure time activities", which activities would you prefer?
- Evening Activities
 Discussion group
 Morning coffee and doughnuts
 Residents' Restaurant/Celebrity Chef
 Entertainment Programs
 Outings
 Bingo

5. Do you have any volunteer or work experience in the health care field?
 Yes No

Please List:

6. List any hobbies, special interests or skills you have or would like to share with our residents:

7. Are any of the residents, volunteers or staff members friends or relatives of yours? Yes No
If so, Please list them and their relationship to you.

8. In the event of an emergency, please notify:

Name: _____ Phone # _____
Address: _____ Relationship _____

9. Have you ever been convicted of a crime? If yes, please give details.

10. Comments:

11. Would you please share your religious affiliation with us?

Name of Church _____ Religion _____
Address _____
City/St/Zip _____
Pastor or Minister _____

Thank you! We look forward to having you join us!

As a volunteer you are eligible for:

- Free meals from the employee cafeteria if you work during meal times (only at NLHRC or GHRC)
- Free flu shots when available
- Your name badge
- Invitation to the volunteer appreciation luncheon
- A yearly check-up and PPD test
- The opportunity to join the Niagara Lutheran Health System Guild (minimal annual donation)
- The inner fulfillment of helping someone else!