

# VOLUNTEER APPLICATION

THE MCGUIRE GROUP  
TACONIC HEALTH CARE  
VESTRACARE  
*living legends*



Please check the facility you wish to volunteer at:

**McGUIRE GROUP PORTFOLIO**

- Autumn View Health Care Facility
- Brookhaven Health Care Facility
- Garden Gate Health Care Facility
- Harris Hill Nursing Facility
- Northgate Health Care Facility
- Seneca Health Care Center

**TACONIC PORTFOLIO**

- Taconic Rehab & Nursing Beacon
- Taconic Rehab & Nursing Hopewell
- Taconic Rehab & Nursing Ulster

**VESTRACARE PORTFOLIO**

- Chautauqua Nursing & Rehab Center
- Roscoe Rehab & Nursing Center
- Sunset Nursing & Rehab Center
- Susquehanna Nursing & Rehab Center

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Cell Home

How did you hear about us? \_\_\_\_\_

Are you less than 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, how old are you? \_\_\_\_\_

List your particular interests, skills and hobbies: \_\_\_\_\_

**PREVIOUS VOLUNTEER EXPERIENCE:**

Place \_\_\_\_\_ Dates \_\_\_\_\_

What did you do as a volunteer there? \_\_\_\_\_

Address and telephone number (we will be using this as a reference check) \_\_\_\_\_

Times Available:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning							
Afternoon							
Evening							

-- Please turn form over --

Times not available \_\_\_\_\_  
How much time can you give? Weekly \_\_\_\_\_ Monthly \_\_\_\_\_  
Where do you currently work/study? \_\_\_\_\_ How many hr/wk? \_\_\_\_\_  
If student, number of hours needed to complete requirements for school/course credit \_\_\_\_\_  
Course title \_\_\_\_\_ Teacher's Name \_\_\_\_\_  
Services you would be willing to help us with \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
Why do you want to volunteer? \_\_\_\_\_  
Anything else you would like to tell us about yourself that would help us evaluate the best place to use your talents? \_\_\_\_\_  
\_\_\_\_\_

**Photographic/Model Release.** I give the organization and all of its facilities the permission and rights to copyright and/or use or publish photographic or illustrative photos and video of me in which I may be included in whole or part. There is no limitation as to its use, whether I am a part of the organization or not.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Relationship** \_\_\_\_\_

**APPLICANT'S AGREEMENT**

I hereby represent that each answer to a question herein and on any attachments to the application, and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete or false statements or information furnished by me during the selection process will subject me to disqualification from volunteering consideration or termination of volunteer assignment. I hereby authorize my former employers, organizations to which I volunteered my services or personal references to give any information regarding my employment/volunteering with them; and in addition, to furnish any other information they may have concerning me.

I understand this Volunteer Application does not constitute an expressed or implied right to volunteer. I have the right to terminate my volunteer assignment for any reason at any time. I also understand the organization reserves the same rights.

I also understand I am subject to a thorough background check. In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are notified that in connection with and in order to better evaluate this application for volunteer, a report may be obtained which will provide applicable information concerning character, general reputation and personal characteristics including, but not limited to, verification of employment, verification with the Department of Motor Vehicles, and a character check, including verification and review of any criminal convictions. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the report requested.

Applicant's Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_