



# Volunteer Application

## For Resident Caregivers and General Volunteers

PO Box 107, Penn Yan, NY 14527  
315-536-1690

[volcoord@keukacomfortcarehome.org](mailto:volcoord@keukacomfortcarehome.org)

Our mission: *Keuka Comfort Care Home will provide free, compassionate end of life care in a homelike setting to terminally ill residents of Yates County and surrounding communities, and will support their loved ones.*

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact name and phone number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex M / F Occupation/Employer \_\_\_\_\_

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

Why do you wish to be a Caregiver here? \_\_\_\_\_

Have you worked as a volunteer before? Yes/No If yes, list organizations, length of involvement & duties performed: \_\_\_\_\_

Describe your working style with other people. \_\_\_\_\_

What are your hobbies or pastimes? \_\_\_\_\_

What strengths, abilities or talents do you feel you would bring to Keuka Comfort Care Home? \_\_\_\_\_

Can you share a personal experience with end of life or significant loss? \_\_\_\_\_

Are there any other things you would like to tell us about yourself? \_\_\_\_\_

For Resident Caregiver applicants: Please share any concerns you have about working with people at end of life: \_\_\_\_\_

Please the activities in which you are interested: **Check all that apply**

- Resident Care                       Housekeeping                       Public Relations
- Bereavement                       Grounds/Maintenance/Gardening                       Fund-Raising
- Office/Clerical                       Projects                       Other

Resident Care often includes physically supporting Residents and helping with transfers. Other volunteer tasks may involve lifting and carrying. If you have health problems or physical limitations that limit the type of work you can do, or that may require special planning to ensure that you can participate, please explain:

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Our Caregiver volunteer shifts are in 4 hour blocks from 7:00am to 11:00pm. We suggest that volunteers come once a week, or once every other week, for an optimal volunteer experience. Continuity of care for our residents is also enhanced with this frequency.

Please list two character references (employer, teacher, volunteering colleague):

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____

Have you ever been convicted of a felony? Yes / No. If yes please provide location and date:

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By signing below you agree:

- To perform volunteer duties in accord with the mission of Keuka Comfort Care Home (see other side)
- To volunteer *at least* once per month (Resident Caregiver applicants)
- To complete training and shadowing required, and refresh skills as needed (Resident Caregiver, House and grounds applicants)
- To allow the use of your image without conditions or restraints by Keuka Comfort Care Home for publicity purposes
- To a reference check by KCCH and a criminal background check by the Yates County Sheriff's Office
- To abide by KCCH policies on confidentiality and personal safety

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

**For Office Use Only:**

Interview (Date/Interviewer) \_\_\_\_\_ Reference Check (+/-): \_\_\_\_\_

Background Check: \_\_\_\_\_ Confidentiality Statement: \_\_\_\_\_ Sexual Abuse Statement: \_\_\_\_\_

Training completion date, including classroom training, shadowing and house orientation: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_