



Volunteer Application

For Resident Caregivers and General Volunteers

PO Box 107 Penn Yan, NY 14527

315 – 536 – 1690

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 #: _____

Date of Birth: _____ Sex M/F Occupation/Employer: _____

How did you hear about us? _____

Have you worked as a volunteer before? Yes / No If yes, list organizations, length of involvement and 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?

Tell us about your experience (if any) with end of life: _____

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

Resident caregiver applicants: Please share any concerns you have about working with people at end of life

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

Resident Care Public Relations
 Grounds/Maintenance/Gardening Fundraising
 Other _____

Resident Care often includes physically supporting Residents and helping with transfers. Other volunteer tasks may involve lifting or 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: _____

Our caregiver volunteer shifts are in 4-, 5- or 6- hour blocks from 7:00am to 11:00pm; paid staff are here overnight. We suggest volunteers come once a week, or once every other week, for an optimal volunteer experience. Continuity of care for our residents also is 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:

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 of 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, including confidentiality and personal safety

Signature: _____ Date: _____

For Office Use Only:

Interview (Date/Interviewer): _____ Check Reference (+/-): _____

Background Check: _____ Confidentiality Statement: _____ Sexual Abuse Statement: _____

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

Comments: _____