

Date Received _____ For Volunteer Coordinator to Complete
Call to Applicant _____ Initial Interview _____

Teen Volunteer Application



UNITED ZION RETIREMENT COMMUNITY
722 FURNACE HILLS PIKE
LITITZ, PA 17543

DATE _____

PERSONAL INFORMATION

Name _____

Home Address _____

Home Phone Number _____ Cell Phone Number _____

E-mail Address _____ Date of Birth (mm/dd) _____

Easiest way to contact you: ___ Home Phone ___ Cell Phone ___ Email Address

EMERGENCY CONTACT INFORMATION

Name _____ Phone Number _____

Address _____

Relationship _____

EDUCATION

School _____ Grade _____

School Activities _____

Are you choosing to volunteer at UZRC as part of a senior project? ___ Yes ___ No

Are you choosing to volunteer at UZRC to fulfill a course requirement? ___ Yes ___ No

Name of Course _____ Number of Hours Needed _____

GETTING TO KNOW YOU

Briefly explain why you want to become a volunteer. _____

Community Activities / Previous Volunteer Experience _____

Special Skills or Interests _____

Do you have a relative at United Zion Retirement Community? ___ Yes ___ No

If yes, resident's name and relationship _____

How did you hear about volunteering at UZRC? (please circle all that apply)

Newspaper Internet site TV / Radio Relative Other _____

Do you have your own transportation? ___ Yes ___ No

Have you ever been convicted of a crime involving abuse, fraud, any felony, or any misdemeanor involving theft and/or have you ever been dismissed from employment due to abuse of clients or residents? ___ Yes ___ No

If yes, please explain. _____

Ways in which you wish to volunteer: (please circle all that apply)

- | | | |
|----------------------|--------------------|--------------------------|
| Bingo | Board Games | Sports / Active Games |
| Arts / Crafts | Cooking Activities | Garden Club |
| Musical Performances | One-to-One Visits | Lead Devotions |
| Pet Visits | Special Events | Library / Gift Shop Help |

Transport Residents to In-House Activities
(chapel services, beauty shop appt., special events)

Other: _____

Days of the week / times you **ARE AVAILABLE** to volunteer _____

PERSONAL REFERENCES – Please list two (2) personal references (non-family) that support your desire to serve as a United Zion Retirement Community Volunteer.

Name _____
Relationship _____ Phone Number _____

Name _____
Relationship _____ Phone Number _____

PARENTAL / GUARDIAN CONSENT

I understand that my teen is interested in volunteering with United Zion Retirement Community. I understand that certain roles may require transportation, and agree to provide this support, if needed. I understand that my teen will be asked to maintain strict confidentiality regarding UZRC residents. I understand that a criminal background check will be completed on my teen (at the expense of UZRC). I also understand that a two-part TB (tuberculin) test may be completed with my child prior to training (at the expense of UZRC). By signing this form, I give permission for my teen to have a criminal background check completed, to receive TB testing, to attend volunteer training, and to volunteer in the UZRC community. My signature also indicates my willingness to support my teen in his/her volunteer role(s).

Parental / Guardian Signature

Date

I certify that the information found in this form is true and complete to the best of my knowledge. I voluntarily give United Zion Retirement Community the right to make a thorough investigation, to contact and obtain information from all references, and to otherwise verify the accuracy of the information contained in this application. I hereby release from all liability and responsibility United Zion Retirement Community and its representatives for seeking, gathering, and using such information, and all persons, companies or corporations for furnishing such information. It is understood I have read and fully understand the foregoing and seek volunteering under these conditions.

Teen Signature

Date

Background and Residency Requirement Form



722 FURNACE HILLS PIKE
LITITZ, PA 17543

Name: _____ Maiden Name (if any): _____

Aliases / Other Names Used: _____

Date of Birth: _____ Social Security Number _____ - _____ - _____

Race/Ethnicity: _____ Gender: Female Male

Have you most recently lived in the state of Pennsylvania for at least 24 months? Yes No

Please list the current and previous addresses for the past six (6) years of residence.

Address, City, State, Zip	Dates of Residency (To - From)

Authorization to Release Information: As an applicant, I authorize release of any and all criminal history record information and other information of a confidential nature to United Zion Retirement Community (UZRC) where I seek volunteering opportunities. I hereby release you, your organization, and UZRC from any liability or damage, which may result from furnishing this information.

Signature of Applicant _____ Date _____

Signature of Guardian _____ Date _____