

Date Received \_\_\_\_\_ *For Volunteer Coordinator to Complete*  
Call to Applicant \_\_\_\_\_ Initial Interview \_\_\_\_\_

**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 \_\_\_\_\_

EMPLOYMENT – If retired, please complete for last job. If not applicable, check here.

Company \_\_\_\_\_  Full Time  Part Time

Job Title / Description \_\_\_\_\_

\_\_\_\_\_ If retired, list year \_\_\_\_\_

GETTING TO KNOW YOU

Briefly explain why you want to become a volunteer. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Activities / Clubs & Organizations / 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 \_\_\_\_\_

*I understand that I will be asked to maintain strict confidentiality regarding UZRC residents. I also understand that a criminal background check and a two-part TB (tuberculin) test will be completed (at the expense of UZRC) prior to my first day of volunteering.*

*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.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Date Created: 5/18/2010

Date Revised: 8/25/2011, 1/17/2012, 3/8/2013

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 \_\_\_\_\_