



VOLUNTEER APPLICATION FORM

NIAGARA LUTHERAN HEALTH SYSTEM

5959 BROADWAY, LANCASTER, NEW YORK 14086
 (716) 684-0202 Fax: (716) 206-0484 www.niagaralutheran.org

Preferred Site (may chose more than one):

- | | | |
|---|--|--|
| <input type="checkbox"/> GreenField Health & Rehab Center
(Skilled Nursing & Rehabilitation)
5949 BROADWAY
LANCASTER, NY 14086 | <input type="checkbox"/> GreenField Court/ Manor
(Assisted Living/ Sr. Apts)
5951/5953 BROADWAY
LANCASTER, NY 14086 | <input type="checkbox"/> GreenField Terrace
(Assisted Living Residence)
5979 BROADWAY
LANCASTER, NY 14086 |
|---|--|--|

Name		Date:	
Address		Phone #'s	
City-St-Zip		Home:	
Email address:		Other Contact:	
Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone:	
Are you currently a student? <input type="checkbox"/> No; <input type="checkbox"/> Yes - If yes, name of school: _____			

1. Which day(s) / time(s) of the week would be the most convenient for you to volunteer?

Mornings: Sun Mon Tues Wed Thurs Fri Sat

Afternoons: Sun Mon Tues Wed Thurs Fri Sat

Evenings: Sun Mon Tues Wed Thurs Fri Sat

2. Do you have any physical or medical limitations that would affect your ability to complete certain tasks?

No Yes - Please explain: _____

3. Please indicate service areas which you are most interested in serving (may chose more than one):

<input type="checkbox"/> Filing	<input type="checkbox"/> Transporting residents for therapy
<input type="checkbox"/> Computer work	<input type="checkbox"/> Transporting residents to activities
<input type="checkbox"/> Assisting with worship services	<input type="checkbox"/> Assisting the hairdresser
<input type="checkbox"/> Shredding	<input type="checkbox"/> Assisting in resident activities
<input type="checkbox"/> Sewing/mending	<input type="checkbox"/> Gift shop/cafe
<input type="checkbox"/> Visiting, reading and writing for residents	<input type="checkbox"/> Sorting/distributing mail
<input type="checkbox"/> Other (specify): _____	

4. If you listed "Assisting in resident activities", please indicate which activities you would prefer.

<input type="checkbox"/> Evening Activities	<input type="checkbox"/> Entertainment Programs
<input type="checkbox"/> Discussion Group	<input type="checkbox"/> Outings
<input type="checkbox"/> Morning Coffee and Doughnuts	<input type="checkbox"/> Bingo
<input type="checkbox"/> Residents' Restaurant	<input type="checkbox"/> Worship services
<input type="checkbox"/> Other (specify): _____	

5. Do you have any volunteer or work experience in the health care field?

No Yes - Please explain: _____

6. List any hobbies, special interests or skills you have or would like to share with our residents:

7. Are any of the residents, volunteers or staff members friends or relatives of yours? No Yes -
If yes, please list them and their relationship to you: _____

8. In the event of an emergency, please notify:

Name: _____ Phone: (_____) _____ - _____

Address: _____ Relationship: _____

City, State, Zip: _____

9. Have you ever been convicted of a crime? No Yes - If yes, please provide details: _____

10. Would you please share your religious affiliation with us?

Name of Church: _____ Religion: _____

Address: _____

Priest/Minister/Rabbi: _____

11. Additional Comments: _____

Thank you! We look forward to having you join us!

As a volunteer you are eligible for:

- Free meals from the employee cafeteria if you work during meal times (only at GHRC)
- Free flu shots when available
- Your name badge
- Invitation to the annual volunteer appreciation luncheon
- A yearly check-up and PPD test
- The opportunity to join the Niagara Lutheran Health System Guild (minimal annual donation)
- The fulfillment of helping someone else!

Any questions? Contact: Michael Barthel, Volunteer Coordinator

(716) 684-0202, ext. 1814 or email: mbarthel@niagaralutheran.org