



NIAGARA LUTHERAN HEALTH SYSTEM

5959 BROADWAY, LANCASTER, NEW YORK 14086
(716) 684-0202 Fax: (716) 206-0484 WWW.NIAGARALUTHERAN.ORG

VOLUNTEER APPLICATION

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:		Cell:	
Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Contact:	
Are you currently a student? <input type="checkbox"/> No; <input type="checkbox"/> Yes - If yes, name of school:		Phone:	

- 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.
- Do you have any physical or medical limitations that would affect your ability to complete certain tasks?
 No Yes - Please explain: _____

- Please indicate service areas which you are most interested in serving (may chose more than one):
 Filing Transporting residents for therapy
 Computer work Transporting residents to activities
 Assisting with worship services Assisting the hairdresser
 Shredding Assisting in resident activities
 Sewing/mending Gift shop/cafe
 Visiting, reading and writing for residents Sorting/distributing mail
 Other (specify): _____
- If you listed "Assisting in resident activities", please indicate which activities you would prefer.
 Evening Activities Entertainment Programs
 Discussion Group Outings
 Morning Coffee and Doughnuts Bingo
 Residents' Restaurant Worship services
 Other (specify): _____
- 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 Health Assessment and PPD test
- The opportunity to join the Niagara Lutheran Health System Guild (minimal annual donation)
- The fulfillment of helping others!

Any questions? Contact: Shannon Strom, Assistant Director of Human Resources
(716) 684-0202, ext. 1813 or email: sstrom@niagaralutheran.org