



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 & Rehabilitation Center
Skilled Nursing & Rehabilitation
5949 Broadway | <input type="checkbox"/> GreenField Manor/Court
Independent/Assisted Living
5953/5951 Broadway | <input type="checkbox"/> GreenField Terrace Enhanced
Assisted/Memory Care
5979 Broadway |
|---|--|---|

Name (please print) _____ Date _____

Address _____ City, State, Zip _____

SS # _____ - _____ - _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

E-mail _____ 16 years of age or older? Yes ___ No ___ 18 or older? Yes ___ No ___

Optional Question (for statistical purposes only):

Cultural Information: _____ White/Caucasian
_____ Black/African-american
_____ Native Hawaiian/other islander
_____ Spanish/Hispanic/Latino
_____ American Indian/Alaskan Native
_____ Other, please note _____

1. How did you find out about The GreenFields? _____

2. Do you have any volunteer experience?

No Yes - Please explain:

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

4. 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: _____

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

No Yes - Please explain: _____

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

7. Would you please share with us?

Name of Church: _____

Address: _____ Priest/Minister/Rabbi _____

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

Name: _____ Phone: (_____) _____ - _____

Address: _____ Relationship: _____

City, State, Zip: _____

9. How many hours would you like to Volunteer at The GreenFields?

10. 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.

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

- Visiting, reading, writing, walks with Residents
- Worship services
- Outings
- Clerical (specify below)
- Sewing/mending
- Other (specify): _____
- Transporting Residents for therapy
- Transporting Residents to activities/outings
- Assisting the hairdresser
- Assisting in resident activities
- Gift Shop/Café

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

- Evening Activities
- Outings
- Bingo/Jeopardy
- Other (specify): _____

I hereby sign that all the above information is true and accurate. Any false information will result in termination of my volunteer services.

Signature: _____ Date: _____

As a volunteer you are eligible for:

- Free meals from the GHRC employee cafeteria if you work during meal times
- Free flu shots during flu season & Yearly Health Assessment and PPD Series
- Volunteer name badge
- Invitation to the Annual Volunteer Appreciation Luncheon
- The opportunity to join the Niagara Lutheran Health System Guild (minimal annual donation)
- The fulfillment of helping others!

Any questions? Contact: Mary Dumke, Development & Volunteer Coordinator
(716) 684-0202, ext. 1802 or email: mdumke@niagaralutheran.org