



NIAGARA LUTHERAN HEALTH SYSTEM

5959 BROADWAY, LANCASTER, NEW YORK 14086
(716) 684-0202 x1802 Fax: (716) 206-0484 WWW.THEGREENFIELDS.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 _____
Alias or Maiden Name: _____

Address _____ City, State, Zip _____

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

E-mail _____ 16 years of age 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 where:

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: _____

All new volunteers will undergo a required background check and attend New Employee Orientation..

7. In the event of an emergency, please notify the following:

Name: _____ Phone: (_____) _____ - _____

Address: _____ Relationship: _____

City, State, Zip: _____

8. How many hours a week would you like to volunteer at The GreenFields? _____

9. 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.

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

☐ Visiting, reading, writing, walks with residents ☐ Transporting residents for therapy

☐ Assisting with worship services -Are you affiliated with any church? ☐ No ☐ Yes

If so, which church: _____

☐ Transporting residents to activities/outings ☐ Accompany residents on outings

☐ Transporting residents to the on-site hairdresser ☐ Muti-media music & story capturing

☐ Clerical support (specify below) ☐ Assisting in resident activities

☐ Sewing/mending ☐ Gift Shop

☐ Other (specify): _____

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

☐ Evening activities

☐ Off-site outings

☐ Bingo/Jeopardy

☐ Other (specify): _____

I hereby sign that all of 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 flu shots during flu season & Yearly Health Assessment and PPD Series
- Volunteer name badge
- Volunteer appreciation & recognition
- The opportunity to join the Niagara Lutheran Health System Guild (minimal annual donation)
- The fulfillment of helping others!

Any questions? Contact: Ashley Morlock, Development Coordinator
(716) 684-0202, ext. 1802 or email: amorlock@niagaralutheran.org