



# 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 choose more than one):

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

☐ Multi-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