

VOLUNTEER *at* PETER BECKER COMMUNITY

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Mobile _____

Email _____

EMERGENCY CONTACT

First Name _____ Last Name _____

Phone _____ Mobile _____

PLEASE CHECK ALL THAT APPLY TO YOU:

Student College Student Retiree PBC Resident Currently Employed

How often would you like to volunteer? _____

Current Occupation _____

Special Skills and Interests _____

PLEASE CHECK WHERE YOU WOULD LIKE TO WORK:

Life-Enrichment Department

Crafts & Quilts Friendly Visitor Worship Volunteers Transport to Wed Night Hymn Sing Choir

Administration

Ridgeview Gift Shop Maple Corners Gift Shop

Nursing Department

Bed Making Linen Closet Abiders Fresh Water to Residents Physical Therapy Helper

Sorting/Delivery of Mail Watering Plants

Auxiliary

Fundraisers Beauty Shop Helper Thrift Shop Special Events



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WHAT DAYS ARE YOU AVAILABLE? PLEASE LIST A.M. OR P.M. TIME PREFERENCES.

PLEASE LIST THREE REFERENCES:

Reference 1

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Mobile _____

Reference 2

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Mobile _____

Reference 3

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Mobile _____



VOLUNTEER *at* PETER BECKER COMMUNITY

If accepted into the Volunteer Program at Peter Becker Community, I agree to:

1. Hold as absolutely confidential all information that I may obtain directly or indirectly concerning residents and the team and not seek to obtain confidential information from a resident.
2. Become familiar with the organizational policies and procedures and uphold PBC's Mission and Philosophy and standards.
3. Donate my services to PBC on a voluntary basis. I do not expect compensation or future employment for any services I provide.
4. Be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
5. Maintain a well-groomed appearance and follow the Dress Code as prescribed in the Handbook.
6. Attend orientation and in-service training as scheduled.
7. Carry out assignments and seek the assistance of the job supervisor when needed.
8. Take any problems, criticism or suggestions to my service area supervisor or to the Volunteer Coordinator.
9. Adhere to the sign-in procedures.
10. Notify the volunteer office or supervisor if I will be absent from an assigned duty.
11. Honor a minimum six-month commitment toward volunteer service with the first three months on a probationary period.
12. I understand that the Volunteer Services Department reserve the right to terminate my volunteer status as a result of (a) failure to comply with PBC policies, rules, regulations and procedures; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which in the judgment of the Department Head or Volunteer Coordinator would make my continued service as a volunteer contrary to the best interests of PBC.
13. I agree to receive the annual PPD two-step testing for tuberculosis.

Accept Agreement

I have read each of the above conditions, and I agree to be bound by them.

Signature _____ Date _____

