



Dear Teen Applicant,

Thank you for your interest in volunteering at Bayley, Outreach Services, Adult Day, and/or the Fitness Club. Joining the dedicated team of men, women and teen volunteers at our organization can be a richly rewarding experience for you. Through volunteering you will find challenging, enjoyable activities that will be satisfying to you while you perform valuable services to others.

At the Sisters of Charity Senior Care Corporation we operate our Volunteer Resources Department with a commitment to equal opportunity for all persons regardless of age, sex, religion, race, national origin, or disability. The requirements for our teen volunteers are: that you attend an orientation session;

- Complete an Application and provided a copy of your most recent report card
- Get a picture ID badge;
- Serve an agreed upon number of hours per week/month; and
- Complete a TB Screening Form (or present records to indicate that you have had the test within the month).
- Attend an Orientation session

When you have completed the application, signed the two Confidential Reference Forms and provided a copy of your most recent report card please return them to our office as soon as possible. Once this paper work is received, a staff member in the Volunteer Resources Department will process your application and call you regarding your application.

We look forward to meeting with you.

Sincerely,

Kim Shabinski  
Volunteer Resources

bayleylife.org  
990 Bayley Place Dr., Cincinnati, OH 45233 | 513-347-5500 F. 513-347-5553

ASSISTED LIVING | THE VILLAGE | MEMORY SUPPORT CARE  
BE CONNECTED | ADULT DAY PROGRAM | FITNESS CLUB | COMMUNITY OUTREACH

## VOLUNTEER APPLICATION –Teen

Check facility to which you are applying:

Today's Date: \_\_\_\_\_

☐ Bayley      ☐ Adult Day      ☐ Outreach Services      ☐ Fitness Club

### **Personal Information:**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number/Street/Apt.# City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(year optional)

e-mail: \_\_\_\_\_

### **Educational Background**(circle the highest grade completed)

Grade School 678      High School 1 2 3 4      College 1 2 3 4 \_\_\_\_\_  
Name of School

### **Special Skills & Qualifications:**

Summarize special skills and qualifications acquired from employment, volunteer work or other experience.

Times Available/Preferred: \_\_\_\_\_ Days Available: \_\_\_\_\_

Do you need service hours? \_\_\_\_\_ How many? \_\_\_\_\_ By when? \_\_\_\_\_

### **Person To Be Notified In Case Of Accident Or Emergency:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### **Personal Physician:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, or veteran status.

Thank you for completing this application form and for your interest in volunteering with us. All the information recorded above is considered confidential.

Volunteer's Signature \_\_\_\_\_

Date \_\_\_\_\_



## VOLUNTEER OPPORTUNITIES



NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

- ☐ Religious services and activities/Help with Pastoral Care
- ☐ Help with parties and entertainment
- ☐ Knitter
- ☐ Transporting residents to and from planned activities
- ☐ Transporting residents to and from Mass and/or dining areas
- ☐ Aid residents when necessary in arts and crafts; games such as bingo, cards, etc.
- ☐ Assist residents on field trips
- ☐ Gift Shop-one three hour shift
- ☐ Help transport residents to or from the Beauty Shop
- ☐ Pet Visits (must have proper paperwork)
- ☐ Physical Therapy/Occupational Therapy/Speech Therapy Observation
- ☐ Walking with residents; walking with members on walking track (Fitness Club)
- ☐ Fitness Club receptionist
- ☐ Fitness Club Assistant
- ☐ Adult Day Activities
- ☐ Adult Day – assist with serving breakfast or lunch
- ☐ Adult Day – assist staff on field trips
- ☐ Adult Day-assist with dementia members while others are on field trips
- ☐ Help straighten/maintain resident Library

# Two-Part TB Test

All new employees and volunteers must take a 2-part TB test. These tests are administered here at Bayley at no cost, but if you have a current TB test from your doctor or clinic (within the last **6 months**), you can submit that with your application instead of coming here.

Simply come to Bayley on **Monday--Sunday** between the hours of **1pm to 3pm** and ask the front desk secretary to let the Nurse Supervisors that you are here for your new volunteer TB test (or reading). Once located, the secretary will send you back to the Nurse Supervisor for the test. You will receive the test, then you must wait 2-3 days to come back and have the test read. The timing on this is essential, so plan ahead when you are going to come in for the test. Once the first test is read, then plan on coming back for your second test.

Anyone under **18** must bring a signed parent permission sheet (in your application packet) with you in order to get your first test. There will be no exceptions to having that permission sheet with you.

If you are diagnosed as allergic to the TB test, please complete the Checklist, which is included in the application packet, and return it instead of actual test results.

**PLEASE TAKE THIS COMPLETED FORM  
WITH YOU FOR YOUR TB TEST.**

**DO NOT SEND THIS BACK WITH YOUR APPLICATION**

**Permission to administer Tuberculosis Test to a minor:**

*I give permission for my daughter/son \_\_\_\_\_  
Insert name*

*to have a 2-Step tuberculosis test to be administered by a*

*Registered Nurse at the expense of the facility where she/he will be  
volunteering.*

*After the initial 2-step TB Test, I understand and approve of a*

*1-Step TB test to be administered yearly.*

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City/State/Zip*

\_\_\_\_\_  
*Phone #*

Senior Care Corporation  
Volunteer Resources  
990 Bayley Drive  
Cincinnati, Ohio 45233  
(513) 347-5416 or 347-5404

**Confidential Reference Verification**

Reference Name \_\_\_\_\_, Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

Your name has been given as a reference by (print your name) \_\_\_\_\_ who has submitted an application to the Volunteer Resources Department of Bayley, Adult Day, Outreach Services and/or the Fitness Club. We would appreciate your completing this form to help us determine the suitability of the applicant as a healthcare volunteer. Your input would be greatly appreciated and will remain confidential. A self-addressed envelope has been enclosed for your convenience. Thank you.

I authorize the person specified above to release to Bayley, Adult Day, Outreach Services and/or the Fitness Club the information requested. I hereby release Bayley, Adult Day, Outreach Services and/or the Fitness Club and the person specified above from all liability which may arise from the release of the information provided.

**X** Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

- How long have you known the applicant? \_\_\_\_\_
- How did you come to know him/her? \_\_\_\_\_

**In Your Opinion:**

- Is the applicant dependable, courteous, and willing to help?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_
- Is the applicant able to relate to others in a way that would be appropriate in a healthcare setting?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_
- Can the applicant act appropriately in the absence of supervision?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_
- Being able to protect the privacy of patients and respect confidential information is vital in a healthcare setting. In your opinion, is the applicant able to maintain confidentiality?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

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Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_