



Fairmount

Dedicated to Faith, Family & Community

Volunteer Application

Date: _____

Name: _____

Spouse's Name: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Emergency Contact Name and Number: _____

Do you have any history or have you ever been convicted of any violent crime(s), felony or misdemeanors, or have you ever been dismissed from employment due to abuse of clients or residents? _____ Yes _____ No

How did you learn about Fairmount Homes? _____

Have you ever volunteered in a retirement community before? _____ No _____ Yes

If yes, where and what did you do? _____

Which volunteer opportunities most appeal to you? _____

What schedule would be ideal for you? (Please check one.) _____ Flexible: no set schedule _____ Weekly
_____ Every other week _____ Monthly _____ Other

What time frame is ideal for you? ___ Evenings ___ Mornings ___ Mid-days ___ Weekends

How much time would you like to volunteer? _____ Hour(s) per _____ week / month

When completed, please return to Carol Swailes, Volunteer Coordinator.

<p>For office use only: Orientation: _____ Department: _____ Schedule: _____</p> <p>Start Date: _____ Database: _____ Volunteer List: _____ Copies/PC: _____ ED: _____</p>



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Personal References:

Please list three persons ***not related*** to you who have known you for more than one year, either from your employment or volunteer work, or a pastor.

Please give complete name, address and telephone number.

1. _____

2. _____

3. _____

Criminal Background Check

In order for us to meet Pennsylvania regulations, Fairmount is required to have a Criminal Background Check on all volunteers. Your signature below states that you are aware of this requirement and gives us permission to complete a background check. All information listed below will be kept confidential.

Please print:

Full Name _____
 First Middle Last

Maiden Name (or alias) _____

Date of Birth _____ Social Security Number _____/_____/_____

Signed: _____ Date: _____