



# Fairmount

*Dedicated to Faith, Family & Community*

## Volunteer Application

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

Name: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Home  Mobile  Work

Email: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Have you ever been convicted of a violent crime, felony, or misdemeanor? Additionally, have you ever been dismissed from employment for abusing clients or residents?  Yes  No

How did you learn about Fairmount Homes? \_\_\_\_\_

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

If yes, where and what was your role? \_\_\_\_\_

Which volunteer opportunities are you most interested in? \_\_\_\_\_

What schedule would be ideal for you? Please check one.

Weekly  Biweekly  Monthly  Flexible: no set schedule  Other: \_\_\_\_\_

What time frame is ideal for you? Please check all that apply.

Mornings  Middays  Evenings  Weekends

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

**Personal References** – List three references (not relatives) who have known you for over a year, such as from work, volunteer roles, or a pastor. Please provide the complete name, address, and phone number.

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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:*

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

Maiden Name (or alias): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

**Vaccine Status** – COVID-19 and flu vaccines are not mandatory; however, we are required to maintain a record of your vaccination status, including whether you have received them and the date of your last dose.

I am not vaccinated for COVID-19.

I am not vaccinated for the flu.

Last COVID-19 Vaccine Date: \_\_\_\_\_

Last Flu Vaccine Date: \_\_\_\_\_

*Once completed, please return volunteer application to Kirstin Patterson at [KirstinP@FairmountHomes.org](mailto:KirstinP@FairmountHomes.org) or drop off at the Wheat Ridge Front Desk at 333 Wheat Ridge Drive, Ephrata.*

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**For Office Use Only:**

Background Check: \_\_\_\_\_ Orientation Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Volunteer List: \_\_\_\_\_ Donor Perfect: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_