



Today's Date \_\_\_/\_\_\_/\_\_\_

### Junior Volunteer Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Please circle first choice:

Home: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Other: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Parent E-Mail Address: \_\_\_\_\_

Emergency Contacts:

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Work: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Other: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Work: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Other: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

When are you most available to volunteer? (Please circle all that apply)

Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

Do you speak any other language?    Russian    Yiddish    Other \_\_\_\_\_

Do you play any musical instrument?    Piano    Other Instruments \_\_\_\_\_

List anything else that may be of interest to the residents: (Special hobbies, interests, or skills)

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Special Skills: (Please check all that apply)

Artistic     Musical (Vocal, Instrumental)     Cooking     Judaic Arts  
 Computer     Performing Arts     Writing     Reading aloud     Other

More Information:

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Volunteer Activity Interests: (Please check all that apply)

Friendly Visiting     Holiday Assistance     Ice Cream Socials     Office Help  
 Bubbe's Kitchen     4<sup>th</sup> of July Jubilee     Oneg Shabbat     Resident Newsletter  
 Resident Trips     Russian Translation     Religious Service Participation  
 Activity Transport     Snack Shop Asst.     Transporter     Open Art Studio  
 Wednesday Evening Bingo     Monday Afternoon Bingo

### **Age Requirements**

You must be at least 12 to volunteer alone, but you may come with a parent at any age.

You must be at least 12 to push a wheelchair.

You must be at least 17 to assist in the Posh Nosh.



### Volunteer Agreement of Confidentiality

Thank you for your support of Montefiore and our residents. The lives of our residents are immeasurably enriched by your caring work and we are grateful for your help.

Montefiore has long embraced a Resident Bill of Rights. Our residents are encouraged to exercise their rights to a dignified existence with self determination and for communication with, and with access to, persons and services both inside our nursing and in the community. Montefiore is dedicated to caring for our residents in a manner and an environment that promotes each resident's quality and dignity of life.

One important resident right is for privacy and confidentiality of his or her personal and clinical records. As a volunteer, you will have no need to see or have access to these records. However, should you ever need to see them, you must treat them as confidential. In addition occasionally some event may occur that a resident would wish to be handled confidentially. In the spirit of our privacy covenant with residents, we ask that you not discuss any resident information with anyone other than Montefiore staff members.

Anything a resident shares with us shall be treated as confidential. Should you have any concerns or questions, you should not hesitate to speak to Mary Kate Hageman or the Junior Volunteer Intern.

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

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

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### Parent/Guardian Consent Agreement

We have read the Junior Volunteer Handbook together and understand the expectations for Junior Volunteers. I give permission for \_\_\_\_\_ to enroll in the Junior Volunteer Program at Montefiore.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_