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Volunteer Application

Personal information:

Name: _____ Phone (H): _____ (W): _____

Address: _____

Email: _____ Occupation (previous or current): _____

Preference of volunteer department

Skilled Nursing Assisted Living
 SOFI (Community based services within Perinton/Fairport) No Preference

Volunteer options:

Work With Skilled Nursing/Assisted Living Residents:

music
 games/activities
 friendly visits
 special events
 religious
 technology/computer
 presentations/discussion groups
 writing letters/reading
 wheelchair transport
 gift shop
 parties
 activity planning
 pet therapy
 office assistance
 other

Work In The Fairport/Perinton Community:

respite care
 light housework
 meal delivery
 shopping/errands
 transportation
 minor home repair
 yardwork
 gardening
 friendly visits
 special events
 technology/computer
 activity planning
 office assistance
 Tool Thrift Shop
 other

Placement preference:

Please check all that apply:

I can volunteer:

once a month once a week more than once a week as needed other

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun
Morning							
Afternoon							
Evening							

Matching information:

General interests, skills, volunteer experience, languages, and hobbies: _____

Do you smoke? yes no

Are you allergic to pets? yes no

List any special considerations for your placement (distance from home, preference for age or gender of care receiver, ability to push wheelchair, office work, enjoy/dislike speaking with new people)? _____

What reservations, if any, do you have about volunteering? _____

Screening information:

Have you ever been convicted of a crime other than a traffic violation? ___ yes ___ no

If yes, please explain: _____

Driving information:

If you will be driving a vehicle as a part of your volunteer duties,

do you have a valid driver's license? ___ yes ___ no

do you have any traffic violations? ___ yes ___ no

If yes, please explain: _____

License number: _____

Insurance company: _____ Policy number: _____

Emergency contact:

Name: _____ Phone: _____ Relation: _____

References:

Please list three persons we may contact who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than a personal friend.

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Address: _____

I certify that the information I have provided on this application is true and accurate and I hereby give my consent for Fairport Baptist Homes to contact my references; to contact my employers, past and present; and to conduct a routine police check.

Signature of Applicant

Date

Please check here if we **DO NOT** have your permission to use your photo in FBH marketing (website, facebook, etc.).

The Fairport Baptist Homes also requires all volunteers working within skilled nursing and assisted living:

- To provide documentation of MMR.
- To provide documentation of an annual flu shot or to wear a mask during flu season.
- Volunteers who are in the building more than 10 hours a week are also required to receive the PPD test, this can be provided by Fairport Baptist Homes.

Fairport Baptist Homes
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Fairport, NY 14450
585-377-0350
www.FairportBaptistHomes.org