

# **Fairport Baptist Homes Caring Ministries**

4646 Nine Mile Point Road Fairport, New York 14450

# **VOLUNTEER APPLICATION**

Personal Infor	mation:							
Name:				Phone (H):		(C):	(C):	
Address:								
Email:								
Occupation (pr	evious or curre	nt):						
Preferred Loca	tion:							
FBH Skil	led Nursing			FBH Assisted Living				
SOFI (Co	ommunity based	d services withir	n Perinton/Fairp	oort)	No Preferer	nce		
Preferred Task	<u>(s</u> )—check all t	hat apply:						
	Within FBH:			In the Com	<u>munity</u> (Fairpo	rt/Perinton):		
music		_gift shop		respite care		office wor	k	
games/a	ctivities	_ parties		light housework friendly visits			sits	
friendly visits activity planning			ng	lunch delivery friendly phone calls				
special events pet therapy				shopping/errands laundry				
religious office assistance			transportation dog walking					
technology/computer minor home r			repair					
presentations/discussion groups yardwork								
writing letters/reading			gardening					
wheelchair transport				retail store cashier				
<u>Time Preferen</u> Please check al I can volunteer once a n	l that apply: :	once a week	more that	an once a week	as nee	ded o	ther	
Time/Day:					us nee	0		
Time/Day Morning Afternoon	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	

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:

#### **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:			

# The Fairport Baptist Homes also requires all volunteers working within the home:

- 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.
- To Provide Documentation of Proof of receiving the Covid Vaccine

# 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: _	

V Here if we have your permission to use your photo in FBH marketing (website, Facebook, etc.).

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