

VOLUNTEER APPLICATION

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS:

Street: \_\_\_\_\_ City/Town: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL

ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

Previous Volunteer

Experience: \_\_\_\_\_

Work Life

Experience: \_\_\_\_\_

Education: \_\_\_\_\_

Other Special

Interest/Training: \_\_\_\_\_

Expected Duration of

Service: \_\_\_\_\_

Health – Please List any

Limitations \_\_\_\_\_

**FOR SCHOOL INTERNSHIPS ONLY**

What School Are You

Attending? \_\_\_\_\_

What is your area of

Study? \_\_\_\_\_

List one or two goals you have for your

internship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many hours do you need to complete? \_\_\_\_\_

By what

date? \_\_\_\_\_

**Days Available:**      SUN          MON          TU          WED          TH          FRI          SAT

Please Circle

**Hours Available:**          MORNING          AFTERNOON          EVENING

\_\_\_\_\_

Empty box for additional information or signature.

AREAS OF INTEREST IN VOLUNTEERING: (Please Circle)

**Resident Direct Involvement**

Activity Assistant.....Resident Visits.....Dining Room Assistant.....Boutique Assistant

Spiritual/Pastoral Visits....Pet Visits

**Resident In-Direct Involvement**

Clerical.....Computer.....At Home Assignments

**\*\*Please Have Two (2) References Returned**

APPLICANTS

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Rita A Nadeau-Breive  
Director of Therapeutic Recreation and Volunteer Services  
Jerome Home  
975 Corbin Ave  
New Britain, CT. 06052

# **ADULT VOLUNTEER REQUIREMENTS**

- \*Must be 18 years of age or older
- \*Commitment of 24 hours over a three month time frame

## **MUST SUBMIT:**

- \*Application
- \*Background Authorization Form
- Two (2) Reference Forms

## **MUST COMPLETE:**

- \*Orientation Session (1hr, Mon-Fri)
- \*Initial Training By Supervisor
- \*Annual Tuberculosis Test prior to starting volunteer service.  
(provided by Jerome Home)

# **ADULT VOLUNTEER OPPORTUNITIES**

There are many opportunities available for volunteering  
At Jerome Home  
Below are just a few.....

*Assist in our BRIDGES PROGRAM by serving as  
A Smiggles Visitor, Fellowship Visitor, Pastoral  
Care Visitor, Wags and Tails Visitor.*

*Assist with Recreational Activities and  
Special Events*

*Assist in Our Dining Rooms  
Providing Clerical Assistance  
Providing Manicures To Residents  
Boutique Cart Keeper  
Group Leader Utilizing Your Talent*

If you are interested in volunteering at Jerome Home  
Please call  
860-229-3707  
to arrange for an interview or to learn more about  
volunteering.

VOLUNTEER REFERENCE FORM

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this reference form in regard to the applicant’s suitability to volunteer at Jerome Home. Jerome Home is a 116-bed facility located on a beautifully landscaped 5.5 acre campus. We believe that the skill and dedication of our staff and volunteers and the trust of our residents and their families are our most precious assets.

We appreciate your honest opinion and hope that you will feel free to express any concerns that you may have. If you wish to further discuss any issues, please call the Director of Volunteers at (860) 229-3707 Ext. 236. Or RNadeau-Breive@jeromehome.com

Thank you for your assistance.

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

Relationship To Applicant: \_\_\_\_\_

Length of Time Acquainted: \_\_\_\_\_

1. Please list strengths and weaknesses of the individual.

Strengths:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weaknesses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does the applicant respond to frustrating situations or people?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you feel confident in allowing this applicant to visit or care for an elderly individual in your own family?

\_\_\_\_\_

2. Do You Find The Applicant? (Circle the appropriate number.)  
1=Excellent 2=Good 3=Average 4=Fair 5=Poor

**SOCIAL:**

- FRIENDLY 1 2 3 4 5
- OUTGOING 1 2 3 4 5
- EVEN-TEMPERED 1 2 3 4 5

**PERSONAL:**

- CONFIDENT 1 2 3 4 5
- HONEST 1 2 3 4 5
- ENTHUSIASTIC 1 2 3 4 5
- DEPENDABLE 1 2 3 4 5
- ATTITUDE 1 2 3 4 5

**INTERACTIVE WORK SKILLS:**

- COOPERATIVE 1 2 3 4 5
- UTILIZES GOOD JUDGEMENT 1 2 3 4 5
- EFFECTIVE COMMUNICATION 1 2 3 4 5
- ABILITY TO WORK WITH OTHERS 1 2 3 4 5
- FLEXIBLE 1 2 3 4 5

3. Please add comments on any of the above.

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4. Is there anything about this individual that would hinder their work with the elderly?

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**YOUR SIGNATURE**

Please return the completed reference form to:

**JEROME HOME**

ATT: Director of Volunteers

975 Corbin Avenue

New Britain, CT 06052

Thank you for your assistance!!

**Jerome Home  
Authorization Form  
FAIR CREDIT REPORTING ACT**

I hereby authorize Jerome Home and it's designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and or and investigative consumer report to be generated for employment/tenancy purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number, current and previous residence: employment history records from any criminal justice agency in any or all federal, state, country jurisdictions: birth records: motor vehicle records to include traffic citations and registration: and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written pertaining to me to Jerome Home and its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have to include information or data received from other sources.

I hereby release Jerome Home the Social Security Administration, and its agents, official, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires in 90 days from the date executed below and that I have the right to revoke the authorization at any time provide I do so in writing.

**Print Name:**

\_\_\_\_\_

<b>First</b>	<b>Middle</b>	<b>Last</b>
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**Former Name(S) and Dates Used:** \_\_\_\_\_

**Current Address Since:** \_\_\_\_\_ : \_\_\_\_\_  
(Mo/Yr)      **Street**                      **City**      **Zip/State**

**Previous Address Since:** \_\_\_\_\_ : \_\_\_\_\_  
(Mo/Yr)      **Street**                      **City**                      **Zip/State**

**Social Security Num:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_

**Driver Licenses Number/State:** \_\_\_\_\_

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