



B I V I N S P O I N T E
a wellness community

Volunteer Application

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____ Sex: _____

Social Security Number: _____ DL Number: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Home Phone: _____

Have you performed volunteer services in a nursing facility before? Yes No

If yes, where? _____

Do you enjoy working with Senior Citizens? Yes No

Do you have relatives at Bivins Pointe? Yes No

If yes, what is the resident's name? _____

Have you ever had any relatives in a nursing facility? Yes No

If yes, where? _____

How many hours are you available? _____/day _____/week _____/month

On what days would you be available? _____

What time of day would you be available? Morning Afternoon Night

Do you have any special talents you wish to share with our residents? Yes No

If yes, describe? _____

Do you play any musical instruments? Yes No



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Please circle what type of services would you be interested in?

Games	Visits	Crafts
Snacks	Movies	Events
Other:		

If selected to participate in our volunteer program, do you agree to abide by the rules and regulations established by our facilities?

Yes

No

The following are requirements that must be completed before volunteering:

- *Initial and annual criminal history check*-I agree to provide my driver's license to be used by Bivins Pointe to conduct a criminal history check.
- *Initial and annual TB skin test*-I agree to a TB test or I may submit a negative chest x-ray.
- *Influenza immunization (October 1st-March 31st)*-I agree to receive the influenza immunization or provide proof of immunization.
- *Volunteer orientation*-I understand I will be required to go through volunteer orientation prior to volunteering.

Applicant Signature: _____

Date: _____

***If under 18, parent signature is required.

Parent Signature: _____

Date: _____

