

68 HAUPPAUGE RD • COMMACK, NY 11725 • 631-715-2555 • WWW.GURWIN.ORG

VOLUNTEER APPLICATION

APPLICATION DATE: _____

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____
NUMBER AND STREET

TOWN STATE ZIP CODE

TELEPHONE NUMBER: (HOME) _____ (CELL) _____

E-MAIL: _____ DATE OF BIRTH: _____

DATE AVAILABLE TO BEGIN: _____

PLEASE INDICATE DAYS/TIMES THAT YOU ARE AVAILABLE TO VOLUNTEER:

DAY	MORNING (9:30AM - NOON)	AFTERNOON (1:00PM - 4:00PM)	EVENING (4:00PM - 7:00PM OR 6:30PM - 8:45PM)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

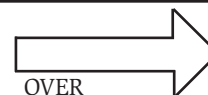
EMPLOYMENT & VOLUNTEER EXPERIENCE:

CURRENTLY EMPLOYED OR ENROLLED IN SCHOOL: _____

FULL TIME: _____ PART TIME: _____ OCCUPATION: _____

EMPLOYER: _____

SCHOOL: _____



VOLUNTEER EXPERIENCE:

ORGANIZATION/AGENCY	DATES: FROM-TO	POSITION

EDUCATION:

SCHOOL: _____

HIGHEST LEVEL COMPLETED: _____ DEGREE/DIPLOMA: _____

SKILLS/HOBBIES/INTERESTS: _____

OTHER LANGUAGES SPOKEN: _____

SEASONS/MONTHS UNAVAILABLE FOR SERVICE: _____

PHYSICAL LIMITATIONS WHICH REQUIRE ACCOMODATION: _____

REFERENCES: (PLEASE LIST TWO **UNRELATED** REFERENCES WHOM WE CAN CONTACT)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

TELEPHONE: _____

STATEMENT OF UNDERSTANDING

I understand the importance of volunteer work at the Gurwin Jewish Nursing & Rehabilitation Center; I agree to observe the rules and regulations of the Center and the Volunteer Services Department; to notify the appropriate personnel when I am unable to come on my assigned day; and to perform my duties with dignity, courtesy, confidentiality, and consideration.

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT/GUARDIAN

OFFICE USE ONLY:

Interview Date: _____ Orientation Date: _____ State Date: _____

Assignment: _____

PPD #1 _____ Read _____ PPD#2 _____ Read _____

Registry: _____