

Volunteer Application

Name, including Title (*Mr., Mrs., Rev., etc.*): _____

Maiden Name or Other Previous Names (*if applicable*): _____

Date of Birth: _____

Social Security Number (*required for background checks*): _____

Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Phone: _____ Alternate Phone: _____

Emergency Contact: _____

Emergency Contact Phone Number(s): _____

Have you ever been convicted of a felony violation of any federal, state, county or municipal law, regulation or ordinance? Yes No

If yes, provide dates and offense description, including jurisdiction(s): _____

Consent to Background Checks (*please sign*):

Information collected will be limited to that appropriate to determining suitability for particular types of volunteer work, and all information collected will remain confidential.

Criminal Record _____

Sexual Offender Lists _____

Employment/Volunteer History _____

Motor Vehicle Records (*for volunteers whose duties include driving*) _____

Are you free of communicable disease? Yes No Date of last TB skin test: _____

Please identify immunizations/vaccinations that you have received and the most recent date:
(*e.g., COVID-19, MMR, Chicken Pox, Hepatitis B, Flu*)

Areas of interest, special skills, hobbies: _____

Do you have any physical limitations, disabilities, or health problems, which might interfere with your ability to volunteer? If yes, please explain, and list any accommodations which might help you.

References with Contact Information:

Current or Past Employment (*Last five years only, include appropriate Contact Name and Phone Number*):

I understand that I am applying for a volunteer position, and that this is not an application for, or a contract of, employment. I authorize references to provide any pertinent information and authorize investigation of all statements contained herein. I further release all parties from liability for any damage that may result from furnishing information to Presbyterian Manors of Mid-America, Inc. In addition, I authorize any verification of applicable licensure if required for my volunteer position.

The statements made on this application are true, complete and correct. I understand that any misrepresentation, omission of information, or misleading and incomplete data shall result in disqualification from consideration or dismissal as a volunteer.

I understand that as a volunteer, according to PMMA policy, I cannot accept any gifts or tips offered by residents. I further grant permission for PMMA to use my name and/or photograph in any article, publication, or advertisement deemed necessary by the executive director or PMMA leadership.

Signature: _____ Date: _____

For volunteers under 18 years of age:

Parent or Guardian Name(s): _____

School Currently Attend: _____ Grade: _____

I understand that my son/daughter is applying to volunteer for Presbyterian Manors of Mid-America, Inc., and that this application is not a guarantee that he/she will be selected as a volunteer. I give my permission for all appropriate background checks and TB testing, as needed, and for him/her to volunteer at Presbyterian Manors of Mid-America, Inc.

Parent or Guardian Signature: _____ Date: _____

Volunteer Preference Sheet

- _____ Activities / Games
 - _____ Archives
 - _____ Arts & Crafts
 - _____ Chapel / Church / Religious Activities
 - _____ Decorations
 - _____ Educational
 - _____ Fundraising
 - _____ Gardening
 - _____ Greeter
 - _____ Library
 - _____ Mission Committee Member
 - _____ Parties and Special Events
 - _____ Pet Visitation
 - _____ Shopping
 - _____ Speaker / Entertainer / Demonstrator
 - _____ Transportation
 - _____ Visitor
 - _____ Other (*please give details below*)
-
-

Volunteer's Name: _____ Date: _____

Thank you for your interest in volunteering for our community.