



DUNWOODY VILLAGE

3500 West Chester Pike • Newtown Square, PA 19073
610-359-4400 • Fax 610-359-4449

Hearing Impaired 1-800-654-5984 • www.dunwoody.org



VOLUNTEER APPLICATION: PLEASE PRINT CLEARLY

*Volunteers play a valuable part in enriching the lives of our residents at Dunwoody Village and they bring a unique energy to the entire community. By contributing time, special skills, and a "caring heart", you can make a difference and enhance the quality of life of older adults. Volunteers are an integral part of our "total care" team.
Thank you for your interest in our Volunteer Program*

Date of Application ____/____/____			
Name:	Last	First	Middle
Address:			
City, State, Zip			
Home Phone No.:			
Cell Phone No.:			
Email:			

Times available to volunteer:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday/Sunday: _____

How did you learn about our volunteer program?

Advertisement Employee Referral: _____

Walk-in Other: _____

Have you been employed at Dunwoody Village before? Yes No

If so, what department: _____

Have you lived outside the state of Pennsylvania within the last two years? Yes No

Are you 18 years of age or over? Yes No

If under age 18, you must also volunteer with a parent present

Have you ever been convicted of a crime (other than a misdemeanor or summary offense) or ever been convicted of a violent crime? Yes No

If YES, please explain:

Have you ever been dismissed from employment due to abuse of residents or has your medical license ever been suspended?
 Yes No

If Yes, please explain:

Complete the following if you're a licensed healthcare professional or other individual whose position requires a license.

Professional license or registration: _____ State: _____

License or registration number: _____ Expiration date: _____

Do you have any prior experience working with individuals with dementia? Yes No

If **Yes**, please explain: _____

Why do you wish to volunteer at Dunwoody Village?

VOLUNTEER HISTORY

Please provide the following information for your last (2) employers and volunteering history/activities, starting with the most recent.

Volunteering Facility:	Address:	Telephone #:
Supervisor:	Job Duties:	Start Date:
Job Title:		End Date:

Volunteering Facility:	Address:	Telephone #:
Supervisor:	Job Duties:	Start Date:
Job Title:		End Date:

EMPLOYMENT HISTORY

Employer:	Address:	Telephone #:
Supervisor:	Job Duties:	Start Date:
Title:		End Date:
Reason for Leaving:	May we contact for a reference?	Starting rate of pay:
		Ending rate of pay:

Employer:	Address:	Telephone #:
Supervisor:	Job Duties:	Start Date:
Title:		End Date:
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EDUCATIONAL BACKGROUND

	Years Completed	Did you graduate?	Course of Study / Degree
High School:			
College:			
Other:			

REFERENCES

Provide the names of three (3) professional references. If you have no prior work experience, please give references related to your church, school, or volunteer organization.

Name, Position, Company	Telephone	Business / Occupation

AGREEMENT OF UNDERSTANDING

I understand that all statements made on this volunteer application are subject to the verification of Dunwoody Village and I release all persons, companies or institutions from any and all liability or responsibility for supplying such information. I further understand that misrepresentation of facts is sufficient cause for rejection of this application or discharge if I later become a volunteer.

I understand that by signing the volunteer application, I am agreeing to screening for criminal background, drugs and alcohol, and licensure checks which may be conducted prior to and at any time during my volunteering at Dunwoody Village. I understand that this application remains current for four (4) months. Being accepted as a volunteer at Dunwoody Village is contingent upon my successful completion of a drug and/or alcohol screen, and receipt of a criminal background check which is satisfactory to the standards of Dunwoody Village.

A Criminal Record Background Investigation Report must be obtained for all volunteers and employees hired. Conviction of a crime listed in the Older Adults Protective Act will result in a denial of volunteer status.

By my signature below I affirm that I have been advised that as a condition of my volunteering status, a criminal history background clearance must be obtained from the Pennsylvania State Police and/or the Federal Bureau of Investigation at no cost to me. I understand that Act 169 of 1996 and Act 13 of 1997 prohibit the employment of persons convicted of certain crimes, and that this information is being obtained in compliance with this act. If I have been a resident of Pennsylvania for less than two years, an additional criminal record background check will be obtained from the Federal Bureau of Investigation. The cost of this check will be covered by Dunwoody Village at \$22.50. The original of this report will be held on file in the Human Resources Department.

I certify that the information provided by me in this application is true and correct to the best of my knowledge. I further certify that I have read and understand all parts of this application. I agree that if I am chosen as a volunteer, I will abide by all rules, regulations, policies and procedures set forth by Dunwoody Village.

Applicant Signature

Date



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REFERENCE CHECK FORM

All applicants must complete the top half of this form. The Dunwoody Village Human Resources Department will contact previous employers or volunteers, if candidate is considered.

Name of Applicant:			
Name of Company:		Name of Supervisor:	
Address:			
Telephone #:		Fax #:	

I _____ hereby authorize the release of the following information to Dunwoody Village.

Signature: _____ Date: _____

_____ has applied to volunteer at Dunwoody Village. As a previous employer, your candid appraisal will greatly assist us in completing our personnel record. Your assistance is appreciated and your evaluation will be confidential.

Applicant states that he/she worked with you	from:	to:
Is that correct? If not, please verify the correct dates	from:	to:
Position held with your organization?		
Is the individual eligible for rehire?		
Comments:		
Person Contacted:	Title:	
Signature:	Date:	

Please fill out completely and promptly fax back to 610-359-4449.

Thank you.



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CRIMINAL HISTORY BACKGROUND CHECK
RELEASE OF INFORMATION

I, _____, authorize Dunwoody Village to obtain any information pertaining to my Criminal History Background prior to volunteering and at any time during my service at Dunwoody Village. I understand that my offer of volunteering with Dunwoody Village is conditional based on receipt of a satisfactory criminal background check; and furthermore, that conviction of certain crimes before or during my service with Dunwoody Village may result in termination.

I authorize any and all Federal, State, Local governmental or civil agencies, consumer reporting agencies, educational institutions, present or former employers and individuals who may have information on me in their records or files or by virtue of personal knowledge, to release such information as may legally be released under the Freedom of Information Act, the Fair Credit Reporting Act and other applicable Federal or State laws.

I understand that any and all information released to Dunwoody Village, by any agency, institution or individual shall be made known exclusively to Dunwoody Village. Further, I do hereby release, absolve, and agree to forever hold harmless, Dunwoody Village, their officers, agents, contractors, and employees, as well as any and all agencies, persons and/or institutions who furnish information on me, from any and all liability. This also applies to any and all suits, actions, or causes of actions at law, claim, demand or liability which I, my successors, assigns, heirs, executors or administrators have now or may ever have resulting directly, indirectly or remotely from said agencies, institutions or individuals having furnished information.

I understand that any misleading or incorrect statements may render this application void. Furthermore, I understand and agree that my volunteer service is for no definite period and may be terminated at any time without prior notice. I agree to abide by company policy and rules.

✓ _____
Signature

✓ _____
Date

The following is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

PLEASE PRINT ALL REQUESTED INFORMATION

NAME: _____
Last First MI Maiden Date of Birth

SOCIAL SECURITY NUMBER: _____ - _____ - _____ RACE: _____ SEX: _____

_____ Street Address City State and Zip Code

Have you lived in the State of Pennsylvania continuously for the past two years? Yes _____ No _____

✓ _____
Signature

✓ _____
Date