

JEWISH HOME OF EASTERN PENNSYLVANIA  
1101 Vine Street  
Scranton, PA 18510

Phone (570) 344-6177

FAX (570) 344-9610

## VOLUNTEER ENROLLMENT FORM

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Local Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Emergency Contact at Home: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### I. Skills and Interests

1. Education background: \_\_\_\_\_

2. Current occupation: \_\_\_\_\_

3. Hobbies, skills, interests: \_\_\_\_\_

4. Previous volunteer experience: \_\_\_\_\_

5. Why did you decide to volunteer at the Jewish Home? \_\_\_\_\_

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### II. Preferences in Volunteering

1. Is there a particular type of volunteer activity in which you are interested?

(Please check all that apply.)

- No preference
- Spending time one-on one with a single resident
- Feeding residents needing assistance
- Assisting staff and residents with group activities (games, arts and crafts, music)
- Leading and/or creating activities (with staff assistance)
- Visit residents: Alzheimer Unit \_\_\_ Any nursing floor \_\_\_ Lobby \_\_\_ Dining Room \_\_\_
- Pet therapy (bring in your pet to visit residents)
- Musical performances
- Other: \_\_\_\_\_

3. Are there any groups or areas with which you would not feel comfortable working?

- No
- Yes: \_\_\_\_\_

4. Are there any volunteer activities or conditions you must avoid? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**III. Availability**

1. At what times are you interested in volunteering?

<input type="checkbox"/> Am flexible
<u>Sunday</u> <u>Monday</u> <u>Tuesday</u> <u>Wednesday</u> <u>Thursday</u> <u>Friday</u> <u>Saturday</u>
Morning _____.
Afternoon _____.
Evening _____.

2. Is your volunteer time required? Yes \_\_\_ No \_\_\_

How many hours are required? \_\_\_ By when? \_\_\_\_\_ By whom? \_\_\_\_\_

If you are a student, complete the following lines:

Major \_\_\_\_\_ Year \_\_\_\_\_

Teacher's name \_\_\_\_\_ Course \_\_\_\_\_

3. Do you have access to a computer you can use for volunteer work? Yes \_\_\_ No \_\_\_

**V. Confidentiality Statement**

**As a volunteer, I understand the legal and moral responsibility to protect residents and personnel of the Jewish Home from any unauthorized invasion of their right to privacy. I understand that information (e.g. financial, medical, family, and interpersonal relationships) concerning the residents and personnel shall be held in strict confidence. It should only be discussed with the Volunteer Coordinator or appropriate staff person in the building if there are problems or concerns and never with anyone outside the facility. As represented by my signature below, I promise to honor, observe, and respect the rights and confidences of the residents and personnel of the Jewish Home.**

Signatures: \_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Volunteer Coordinator

Date: \_\_\_\_\_

For Facility Use:	Completed	Date	Staff Conducting Orientation
General Volunteer Orientation	_____	_____	_____
Feeding Orientation	_____	_____	_____
Badge Issued	_____	_____	_____