

Allentown Fountain Hill

Adult \_\_\_ Youth \_\_\_  
CRC \_\_\_ Entered \_\_\_

# CEDARBROOK SENIOR CARE & REHAB

## Volunteer Application Volunteer Department 610-336-5684

Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Person to notify in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

How did you learn of Cedarbrook's volunteer program?

\_\_\_\_\_

Why do you wish to become a volunteer at Cedarbrook?

\_\_\_\_\_

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Have you served as a volunteer before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Do you have any health problems or physical disabilities that would prevent you from performing certain kinds of work? \_\_\_\_\_ If yes, what are your limitations?

\_\_\_\_\_

### Hobbies and general areas of interest:

\_\_\_\_\_ (board games, chess, cards games, music, crafts, fishing, etc.)

Do you speak another language? \_\_\_\_\_ Please list \_\_\_\_\_

## AVAILABILITY FOR VOLUNTEERING

(List specific times when you are interested in volunteering)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

Varies \_\_\_\_\_

How much time would you be willing to volunteer at each session? \_\_\_\_\_

How many times would you like to volunteer each week? \_\_\_\_\_ or month? \_\_\_\_\_

### Volunteer Agreement:

#### If I am accepted as a Cedarbrook Volunteer:

- I will maintain the schedule to which I have agreed.
- I must notify either the Volunteer Office or Life Enrichment Office if I cannot report for my volunteer assignment. Allentown 610-336-5681/ Fountain Hill 610-691-6700.
- I will adhere to the rules and procedures of Cedarbrook. I understand that failure to do so may be cause for dismissal.
- I understand that if I fail to satisfactorily perform my volunteer assignment, I may be dismissed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A Criminal Record Check is Mandatory for all volunteers over 18. A State Criminal Record Check is paid for by the County. A Federal Criminal Record Check is the responsibility of the Applicant. Your Social Security Card plus either a current passport, State Photo ID or Driver's License must be presented for the Record Check. It must have your current address. Per CMS regulation, all volunteers must be vaccinated for Covid-19 (2 doses of Pfizer or Moderna / or 1 dose of J&J)

*"A Community with Hearth Offering Individualized Care and Excellent Service"*