



VOLUNTEER APPLICATION

Our volunteers make a meaningful difference in the lives of our residents and are a critical component to our programming. Sunrise truly appreciates your interest in volunteering. Please complete all applicable information below. We look forward to discussing volunteer opportunities with you.

Community Name:			Application Date:				
			Date of Birth:				
Your Name:							
	<i>Last</i>	<i>Middle</i>	<i>First</i>				
Social Security #							
Your Address:							
	<i>House Number / Street / Apartment Number</i>						
	<i>City</i>	<i>State</i>	<i>Zip</i>				
Contact Information:	() -						
	<i>Preferred phone</i>		<i>Email</i>				
Emergency Contact:					() -		
	<i>Name</i>		<i>Relationship</i>		<i>Contact Number</i>		
Have you volunteered or worked for Sunrise before?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes:		Volunteered <input type="checkbox"/>	Employed <input type="checkbox"/>	
			<i>Community Name</i>		<i>Dates</i>		
Current Employer / School:							
How did you learn about volunteer opportunities at Sunrise?							
Why do you wish to volunteer at Sunrise?							
What prior volunteer experience do you have?							
Do you have experience working with seniors?			Yes <input type="checkbox"/> No <input type="checkbox"/>				
			If yes, please explain:				
Do you have experience working with individuals with Alzheimer's disease or other forms of dementia?			Yes <input type="checkbox"/> No <input type="checkbox"/>				

	If yes, please explain:
Do you speak any other languages besides English?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, which language(s)?
Do you have a specific skill, interest or hobby that you would like to share with others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please describe here.

Below is an abbreviated list of our potential volunteer opportunities. Please check off those you would be interested in supporting as a volunteer at our community. All activities will be with residents.

Visiting <input type="checkbox"/> Reading <input type="checkbox"/> Writing letters <input type="checkbox"/> Conversations <input type="checkbox"/> Puzzles or games <input type="checkbox"/> Exercise <input type="checkbox"/> Walking	Craft Projects <input type="checkbox"/> Knitting/quilting/crocheting <input type="checkbox"/> Sewing <input type="checkbox"/> Painting <input type="checkbox"/> Jewelry making <input type="checkbox"/> Drawing	Office Projects <input type="checkbox"/> Letter folding and stuffing <input type="checkbox"/> Addressing mail <input type="checkbox"/> Organizing files <input type="checkbox"/> Stamping letters	Gardening Projects <input type="checkbox"/> Building garden beds <input type="checkbox"/> Floral arranging <input type="checkbox"/> Tending plants <input type="checkbox"/> Facilitating garden club <input type="checkbox"/> Planting monthly garden projects
Pet Projects <input type="checkbox"/> Grooming pets <input type="checkbox"/> Providing water and food to community pets <input type="checkbox"/> Walking pets <input type="checkbox"/> Planning a pet birthday party	Physical Activity <input type="checkbox"/> Exercise <input type="checkbox"/> Dance/creative movement <input type="checkbox"/> Walks/wheelchair strolls	Men's Group Projects <input type="checkbox"/> Daily flag raising ceremony <input type="checkbox"/> Mail delivery <input type="checkbox"/> Pen pals in military <input type="checkbox"/> Facilitate past hobbies such as carpentry and woodwork	Volunteer Program Support <input type="checkbox"/> Assist in promoting volunteer opportunities <input type="checkbox"/> Co-facilitate, help coordinate an activity <input type="checkbox"/> Assist with community newsletter
Inter-Generational <input type="checkbox"/> Arts or crafts <input type="checkbox"/> Drama / plays <input type="checkbox"/> Holiday projects <input type="checkbox"/> Dancing <input type="checkbox"/> Singing	Music Projects <input type="checkbox"/> Facilitate music discussion <input type="checkbox"/> Participate in community choir <input type="checkbox"/> Ballroom dancing <input type="checkbox"/> Other dancing <input type="checkbox"/> Performance	Religious Projects <input type="checkbox"/> Bible studies <input type="checkbox"/> Special holiday events <input type="checkbox"/> Spiritual readings and studies	Kitchen Life Skills <input type="checkbox"/> Setting / clearing dining room tables <input type="checkbox"/> Re-fill salt & pepper shakers <input type="checkbox"/> Drying / sorting silverware <input type="checkbox"/> Re-fill flower vases

Other? Please describe here:

Availability: please specify the days and hours you are available to volunteer.

<input type="checkbox"/> Sunday	From:	A.M. or P.M	To:	A.M. or P.M	What date are you available to begin volunteering (once all requirements are met)?
<input type="checkbox"/> Monday	From:	A.M. or P.M	To:	A.M. or P.M	
<input type="checkbox"/> Tuesday	From:	A.M. or P.M	To:	A.M. or P.M	
<input type="checkbox"/> Wednesday	From:	A.M. or P.M	To:	A.M. or P.M	
<input type="checkbox"/> Thursday	From:	A.M. or P.M	To:	A.M. or P.M	
<input type="checkbox"/> Friday	From:	A.M. or P.M	To:	A.M. or P.M	
<input type="checkbox"/> Saturday	From:	A.M. or P.M	To:	A.M. or P.M	

Please provide two personal references (must be 21 years of age or above)

(1)			
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Name	Phone Number	Email	Relationship
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(2)			
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Name	Phone Number	Email	Relationship

VOLUNTEER TERMS OF AGREEMENT

1) Gift Acceptance Statement

It has been explained to me and I understand that as a volunteer at Sunrise I am not allowed to accept gifts including money or tips from any resident or family member. We serve all residents equally and must graciously decline all gifts or tips. If the resident or family member persists, I will refer the concern to the Activities and Volunteer Coordinator.

2) Confidentiality Statement

I understand and agree to respect the right to privacy and confidentiality of all residents of the community. I understand and agree that in the course of volunteering I may learn confidential information about Sunrise's residents, team members, and community, and I agree to maintain this information in confidence and not to disclose it. I understand I am only able to disclose confidential or private information of a resident in the event of (1) a medical emergency at the community while I am volunteering that may require me to communicate with emergency medical personnel, or (2) suspected resident abuse or neglect, which must be reported to the Executive Director and appropriate regulatory authorities.

3) Volunteer Authorizations

I authorize Sunrise to obtain information from schools, listed references, or other individuals and institutions it contacts regarding the information I have provided on this application. I understand I will be subject to a criminal background check and TB Test (Tuberculosis / Mantoux) as a condition of performing volunteer services. I understand that I am obligated to report any information which may be helpful in meeting the needs of the residents of the Sunrise community where I volunteer. I also understand that my volunteer orientation requirements differ depending upon my assignment by the Activities and Volunteer Coordinator. I agree to follow the established guidelines outlined here and in the Volunteer Orientation.

I understand that I am a volunteer at a Sunrise Community and I will not be paid. The services I provide will not duplicate or replace the work of a Sunrise employee. I understand that Sunrise Senior Living reserves the right to make any decisions based on resident needs. I understand that acceptance or termination of volunteer services is entirely at Sunrise's discretion.

Volunteer Signature Date

Volunteers younger than 18 years of age require a parent's signature in order to complete the application process and to volunteer.

Parent's Signature Date

For British Columbia only

- Volunteers – please list your employment history below.
- AVC or BOC – initial here _____ to indicate you have verified this information.

Employer Name *Job Title* *Dates*

Employer Name *Job Title* *Dates*

Employer Name *Job Title* *Dates*

Employer Name *Job Title* *Dates*

For Sunrise Use Only

Volunteer start date: _____

AVC Signature *Print Name*