

**SAN SIMEON BY THE SOUND CENTER FOR NURSING AND REHABILITATION, INC.**

**61700 ROUTE 48, GREENPORT, NY 11944**

**(631) 477-2110 FAX (631) 477-8969**

**VOLUNTEER APPLICATION**

Federal and state laws prohibit discrimination in volunteerism because of race, color, religion, age, national origin, alien or citizenship status, ethnicity, familial status, creed, gender, sexual orientation, marital status or disability. If you believe that you have been subject to violation of this policy, please report such violation to the Administrator of San Simeon by the Sound, 61700 Route 48, Greenport, NY 11944. Your complaint will be given immediate attention.

**Personal Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Present Address: \_\_\_\_\_  
(Street and House Number) (City) (State) (ZIP)

Former Address if less than one year at present address:  
\_\_\_\_\_  
(Street and House Number) (City) (State) (ZIP)

Email: \_\_\_\_\_  
(OPTIONAL)

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Alternate: (\_\_\_\_\_) \_\_\_\_\_

\*\*\*\*\*  
This facility performs a background evaluation for volunteer, as well as employment, positions.

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please describe fully the criminal conviction(s), listing the nature of the offense, the date of the offense and your rehabilitation since the conviction(s). A conviction record will not necessarily bar you from volunteering at San Simeon by the Sound. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a non-criminal finding of resident abuse, neglect or misappropriation of residents funds sustained against you?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain fully. (Attach separate paper if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been excluded from participation in any state or federal health care program, including Medicare and/or Medicaid?  
Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\*

Volunteer preference:

- |   |   |
|---|---|
| _____ Assist residents at group activity programs             | _____ Provide "Pet Therapy"                         |
| _____ Transport residents to and from group activity programs | _____ Accompany residents on patio (summer program) |
| _____ Lead a craft group, drama club (w/activity staff)       | _____ Lead a "Men Only" activity program            |
| _____ Teach a skill, language, etc (w/activity staff)         | _____ Other _____                                   |

If you have service hours to fulfill for an organization, please indicate how many hours \_\_\_\_\_

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**CHARACTER REFERENCE – REFERRAL FORM**  
***APPLICANT MUST COMPLETE THIS BOX***

Applicant's Name: \_\_\_\_\_  
(APPLICANT TO COMPLETE THE ABOVE LINE)

Relationship to referral named below: \_\_\_\_\_ Length of time known: \_\_\_\_\_  
(APPLICANT TO COMPLETE THE ABOVE LINE)

I hereby authorize my information to be released to San Simeon by the Sound.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(APPLICANT'S SIGNATURE)

**Send this referral form to:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

Your name has been given as a reference by the applicant named above. We place great emphasis on the thorough screening of all our applicants. Your reply will be held in strict confidence.

Thank you for your prompt reply. Please return to:

Margaret DeVito, Recreation Director  
 San Simeon by the Sound Center for Nursing and Rehabilitation  
 61700 Route 48  
 Greenport, NY 11944

*Please evaluate applicant to the best of your knowledge. Thank you.*

*****	Poor.....	Average..	Good.....	Excellent
Quality of Performance				
Attendance				
Cooperation				
Accepts Supervision				
Emotional Stability				
Personal Appearance				

Additional comments: \_\_\_\_\_

Do you recommend this person to be a volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not? \_\_\_\_\_

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

Position/Title: \_\_\_\_\_

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Additional comments: \_\_\_\_\_

Do you recommend this person to be a volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not? \_\_\_\_\_

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

Position/Title: \_\_\_\_\_

DATE\_\_\_\_\_

LOCATION\_\_\_\_\_

I, \_\_\_\_\_, of my own free will, without promises of immunity, threats or coercion, agree to allow STERLING TESTING SYSTEMS, INC., to conduct a background investigation and Department of Motor Vehicle report on myself for the mutual benefit of myself and San Simeon by the Sound Center for Nursing and Rehabilitation, Inc.

I hereby agree that the results of such investigation and its conclusions that may be used by STERLING TESTING SYSTEMS, INC., its officers, agents, and employees both orally and in writing, in order to process my volunteer application.

I full well understand that the results of this background investigation and the conclusions drawn therefore from STERLING TESTING SYSTEMS, INC., its officers and employees may prove unfavorable to me. I do nonetheless hold STERLING TESTING SYSTEMS, INC., its officers, agents and employees and San Simeon by the Sound Center for Nursing and Rehabilitation, Inc. free and harmless from any claim I might otherwise have against them for any damages or liability to me resulting from this background investigation.

I understand that disclosure of a felony criminal record will not automatically disqualify me from volunteer consideration and that my case will be judged on its merits. I do however understand that falsification of information on my application may bring about immediate dismissal.

I hereby release, waive and forever discharge each of the above named corporations, firms, their respective officers, agents, employees and any of my former employers and all actions or cause of action, claim, demand or liability which I have now or may have resulting directly or indirectly from conducting this background investigation.

In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of volunteering.

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First Name

Date of Birth

--	--

Last Name

Middle Name/Initial

--	--

Current Address

# Years at This Address

--	--	--

City

State

ZIP Code

		-		-						
--	--	---	--	---	--	--	--	--	--	--

Phone # with Area Code

--	--

Previous Address

# Years at This Address

--	--	--

City

State

ZIP Code

		#		-		-				
--	--	---	--	---	--	---	--	--	--	--

Driver's License #

State

Social Security #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**California, Minnesota & Oklahoma applicants Only:** Please contact Sterling Testing Systems, Inc. At 800-899-2272 to have a copy of your consumer report sent directly to you at the address listed above.