

SAN SIMEON BY THE SOUND FOR NURSING AND REHABILITATION, INC.
61700 ROUTE 48, GREENPORT, NY 11944
(631) 477-2110 FAX (631) 477-8969

JUNIOR 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 or San Simeon by the Sound, PO Box 2122, 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 _____

Formal Education:

Highest level attained: High School _____ College Credits _____ Degree _____
Course of study: _____

School Name and Address: _____

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CHARACTER REFERENCE – REFERRAL FORM
APPLICANT MUST COMPLETE THIS BOX

Applicant's Name: _____

Relationship to referral named below: _____ Length of time known: _____

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

Signature: _____ Date: _____

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
 61700 Route 48
 Greenport, NY 11944

Please evaluate applicant

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

Additional comments: _____

If a previous volunteer, is applicant eligible for return as a volunteer? Yes _____ No _____

If no, why not? _____

Signature: _____ Date: _____

Position/Title: _____

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JUNIOR VOLUNTEER CONSENT FORM

I, _____, parent/guardian of
 _____, hereby give my consent

PLEASE PRINT

for my child to participate as a JUNIOR VOLUNTEER at San Simeon by the Sound.

I understand that my child will provide _____ hours of service, per wk__ mo____ and will participate in the following activities:

- _____ Transport resident to and from group activities
- _____ Individual visits
- _____ Assist residents to participate at group activities
- _____ Other _____

 AUTHORIZED SIGNATURE

 DATE

EMERGENCY CONTACTS

Name _____ Relationship _____ Telephone _____
 Name _____ Relationship _____ Telephone _____
 Name _____ Relationship _____ Telephone _____

JUNIOR VOLUNTEER HEALTH REQUIREMENTS

San Simeon by the Sound and the New York State Department of Health mandate that the following health requirements be met before your child may volunteer. After these health requirements are satisfactorily fulfilled and reviewed, the Infection Control nurse will notify the Director of Activities that your child's volunteer service may begin.

Junior Volunteer Candidate's Date of Birth _____
 MONTH DAY YEAR

- _____ Completed Health Survey Form
- _____ PPD – Tuberculosis Skin Test (Mantoux) and Results (This must have been within the past year)
- _____ Documentation of Immunization for: Rubella, Measles and Mumps

If your child has not received a Mantoux skin test within the past year and you would like it administered at San Simeon by the Sound, please sign your consent below.

I, _____, give my consent for the Mantoux skin test to be administered to my son/daughter, _____, by San Simeon by the Sound.

 AUTHORIZED SIGNATURE

 DATE

Criminal Background Checks will not be performed on those under 16 years of age

DATE _____

