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.

Name:			Date:	
(First)	(Middle Initia	d) (Last)		
Present Address:				
(Street a	and House Number)	(City)	(State)	(ZIP)
Former Address if less	than one year at present add	dress:		
(Street a	and House Number)	(City)	(State)	(ZIP)
Email:				
		(OPTIONAL)		
Telephone Number: (_)	Alternate: (()	
*******	*********	*********	********	*****
Have you ever been conv	victed of a crime? Y	inteer, as well as employment, Ves	No	
Have you ever been conv If so, please describe full	ricted of a crime? Y y the criminal conviction(s), li	riteer, as well as employment, Yes asting the nature of the offense, rily bar you from volunteering	No, the date of the offense and	l your rehabil
Have you ever been conv If so, please describe full the conviction(s). A conv Have you ever had a non- If yes, please explain full	ricted of a crime? Y y the criminal conviction(s), liviction record will not necessar -criminal finding of resident at Yes y. (Attach separate paper if neces	Yessting the nature of the offense,	No, the date of the offense and at San Simeon by the Sour	l your rehabil nd ined against y
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Have you ever been conv If so, please describe full the conviction(s). A conv Have you ever had a non- If yes, please explain full Have you ever been exclusive the explain full ***********************************	ricted of a crime? Y y the criminal conviction(s), liviction record will not necessary -criminal finding of resident at Yes y. (Attach separate paper if neces uded from participation in any Yes ********************************	sting the nature of the offense, rily bar you from volunteering buse, neglect or misappropriati No_ssary)state or federal health care proNo	No, the date of the offense and at San Simeon by the Source ion of residents funds sustance ogram, including Medicare	I your rehabilend ined against y and/or Medic
Have you ever been conv If so, please describe full the conviction(s). A conv Have you ever had a non- If yes, please explain full Have you ever been exclusive the explain full ***********************************	ricted of a crime? Y y the criminal conviction(s), liviction record will not necessary -criminal finding of resident at Yes y. (Attach separate paper if neces uded from participation in any Yes ********************************	sting the nature of the offense, rily bar you from volunteering buse, neglect or misappropriati No_ssary)state or federal health care proNo	No, the date of the offense and at San Simeon by the Source ion of residents funds sustance ogram, including Medicare	I your rehabilend ined against y and/or Medic

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

CHARACTER REFERENCE – REFERRAL FORM

APPLICANT MUST COMPLETE THIS BOX

Applicant's Name:								
Relationship to referral named below:	Length	of time know	/n:					
I hereby authorize my personnel information to be released to Sa	n Simeon by	the Sound.						
Signature:		Date:						
Send this referral form to:		Phone:						
Address:								
Your name has been given as a reference by the applicant n screening of all our applicants. Your reply will be held in s			great empha	asis on the thoroug				
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 volunt If no, why not?		1	No	_				
Signature:		Date:						
Position/Title:								

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CHARACTER REFERENCE – REFERRAL FORM

APPLICANT MUST COMPLETE THIS BOX

Applicant's Name:									
Relationship to referral named below:	Length of	Length of time known:							
I hereby authorize information to be released to San Simeon by the									
Signature:	D	Date:							
Send this referral form to:	I	Phone:							
Address:									
Your name has been given as a reference by the applicant na screening of all our applicants. Your reply will be held in st	amed above	. We place a	great empha	asis on the thor	ough				
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 volunt	_	11	No						
If no, why not?									
Signature:		Date:							
Position/Title:									

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JUNIOR VOLUNTEER CONSENT FORM

I,PLEASE PRINT		, parent/guardian of
PLEASE PRINT		, hereby give my consent
for my child to participate as a JUNIOR VOL	UNTEER at San Simeon	by the Sound.
I understand that my child will provide	hours or service	, per wk moand will participate
in the following activities:		
Transport resident to and from group	activities	Individual visits
Assist residents to participate at grou	p activities	Other
AUTHORIZED SIGNA	ATURE	DATE
	EMERGENCY	CONTACTS
Name	Relationship	Telephone
Name	Relationship	
Name	Relationship	Telephone
JUNIOR	VOLUNTEER HE	ALTH REQUIREMENTS
requirements be met before your child	may volunteer. Aft	nent of Health mandate that the following health er these health requirements are satisfactorily fulfilled irector of Activities that your child's volunteer service
Junior Volunteer Candidate's Date of Birth		
Completed Health Survey Form	MONTH	DAY YEAR
PPD – Tuberculosis Skin Test (Mant	oux) and Results (This n	nust have been within the past year)
Documentation of Immunization for:	Rubella, Measles and M	lumps
If your child has not received a Mantoux skin please sign your consent below.	test within the past year	and you would like it administered at San Simeon by the Sound,
I,		_, give my consent for the Mantoux skin test to be
administered to my son/daughter,		, by San Simeon by the Sound.
AUTHORIZED SIGNA	ATURE	DATE
Cuiminal Deal-	d Chaolea will mad be a	performed on those under 16 years of age

DATE

LOCATION	-
I,, of my own free will, without promises of immunity, threats or coercion, agree to allo TESTING SYSTEMS, INC., to conduct a background investigation and Department of Motor Vehicle report on myself for the mutual be andSan 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 of and employees both orally and in writing, in order to process my volunteer application.	fficers, agents,
I full well understand that the results of this background investigation and the conclusions drawn therefore from STERLING TESTIN INC., its officers and employees may prove unfavorable to me. I do nonetheless hold STERLING TESTING SYSTEMS, INC., its office employees and <u>San Simeon by the Sound Center for Nursing and Rehabilitation, Inc.</u> free and harmless from any claim I might of against them for any damages or liability to me resulting from this background investigation.	ers, agents and

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.

I have received a stand-alone consumer notification that a consumer report will be requested and used for the purpose of evaluating me for volunteering.

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Si	gnati	ure																_				Da	ite				

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.

Sterling Testing Systems 03/26/02