



Volunteer Application

For Resident Caregivers and General Volunteers

PO Box 965
Corning, NY 14830
bampashouse@gmail.com

Our Mission

We are a comfort care home that focuses on making a person's last days as comfortable, safe, and peaceful as possible.

Thank you for your interest in becoming a volunteer. While some of the questions may seem personal or private, we can assure you this application is kept confidential. Some of the questions are more relevant to those providing hands-on care for our residents. Please use a separate sheet of paper to elaborate on any of your responses.

We use this information to facilitate the screening process and to assist with scheduling assignments. Following the training and post-screening, we'll ask that you make a one year commitment volunteering for a minimum of eight hours/month with us and attend occasional support group meetings.

Name _____ Date _____

Address _____

Home Phone _____ Cell # _____ Email Address _____

Emergency Contact Name and Phone Number _____

Date of Birth _____ Sex M F Occupation/Employer _____

Marital Status _____ Name of Spouse (if applicable) _____

Education/Schools Attended _____ Degree _____ Major _____

How did you hear about us? _____

Why do you wish to be a Caregiver/General volunteer here?

Have you worked as a volunteer before? Yes No If yes, list organizations, length of involvement, and duties:

Describe your working style with other people: _____

What are your hobbies or pastimes? _____

What strengths, abilities or talents do you feel you would bring to Bampa's House?

Tell us about your experience (if any) with end-of-life care: _____

Are there any other things you would like to tell us about yourself? _____

Resident Caregiver applicants, please share any concerns you might have about working with people at end of life:

Please check the activities in which you are interested: **Check all that apply**

- | | |
|--|---|
| <input type="checkbox"/> Resident Care | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> House Cleaning | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Grounds/Maintenance/Gardening | <input type="checkbox"/> Snow Removal/Lawn Mowing |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Other _____ |

Resident Care often includes physically supporting Residents and helping with transfers. Other volunteer tasks may involve lifting and carrying. If you have health problems or physical limitations that limit the type of work you can do, or that may require special planning to ensure that you can participate, please explain:

Please list three character references other than relatives or family members (for example, employer, teacher, volunteering colleague): *(References will be contacted.)*

	<u>Name and Relationship</u>	<u>Email Address</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Have you ever been convicted of a felony? Yes No If yes, please provide location and date:

Do you hold a valid driver's license? Yes No If yes, please provide state and license number: _____

Your Preferences

Our Caregiver volunteer shifts are in 4-hour blocks from 7:00am to 11:00pm.

We suggest that volunteers come once a week, or once every other week, for an optimal volunteer experience. Continuity of care for our residents is also enhanced with this frequency.

Are you able to volunteer throughout the year? If not, please explain: _____

Which days of the week are you **NOT** available?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Volunteers will be assigned four hour shifts. Please circle your preference:

Shifts within the 7:00 am—3:00pm block OR Shifts within the 3:00pm—11:00pm block

Would you be interested in working the 11:00pm—7:00am block on a Per Diem basis? Yes No

By signing below, you agree:

- To perform volunteer duties in accordance with the mission of Bampa's House (see brochure)
- To volunteer at least once per month (resident caregiver applicants)
- To complete training and shadowing required, and refresh skills as needed
- To allow the use of your image without conditions or restraints by Bampa's House for publicity purposes
- To a reference check by Bampa's House and a criminal background check
- To abide by Bampa's House policies on confidentiality and personal safety

Signature _____ Date _____

For Office Use Only

Interview (Interviewer/Date) _____ Reference Check (+/-): _____

1. _____ 2. _____ 3. _____

Background Check _____ Confidentiality Statement _____ Sexual Abuse Statement _____

Training completion date, including classroom training, shadowing, and house orientation:

1. _____ 2. _____ 3. _____ 4. _____

Comments/Concerns _____