



# CAMELLIA PLACE

A CARING COMMUNITY OF DISTINCTION

## VOLUNTEER APPLICATION

### CONTACT INFORMATION

Legal Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### VOLUNTEER INTEREST

Please indicate your preferred volunteer activities:

- Art Studio     Musical Performances     Gardening     Cooking Demos     Book Club  
 Pet Therapy     Dance Performances     Church Groups     Children's Groups     Fitness/ Nutrition  
 Other \_\_\_\_\_

Preferred day(s) to volunteer: \_\_\_\_\_

Preferred time(s) to volunteer: \_\_\_\_\_

How did you learn about volunteer opportunities at Camellia Place? \_\_\_\_\_  
\_\_\_\_\_

Why do you wish to volunteer at Camellia Place? \_\_\_\_\_  
\_\_\_\_\_

What prior volunteer experience do you have? \_\_\_\_\_  
\_\_\_\_\_

Do you have any prior experience working with individuals who have Alzheimer's disease or related dementia?

Yes     No    If yes, with whom and where? \_\_\_\_\_  
\_\_\_\_\_

Do you prefer:     Individual Activities     Group Activities     Both

What qualities or experience do you think will make you a great Camellia Place team member? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL REFERENCES and EMERGENCY CONTACT

PERSONAL REFERENCES (Personal references must be 21 years of age or above.)

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

EMERGENCY CONTACT

3. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## VOLUNTEER TERMS OF AGREEMENT

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- I. **Gift Acceptance Statement** It has been explained to me and I understand that as a volunteer at Camellia Place I am not allowed to accept money including gifts or tips from any resident. We serve all residents equally and must graciously decline all gifts or tips.
  
- II. **Confidentiality Statement** All Residents have Rights and Responsibilities including the right to privacy. As a volunteer, you may learn confidential information about the residents. You must uphold each Resident's Right to Privacy by keeping these matters confidential. The only exception to this is in emergency situations. Passing along accurate and complete medical information to the physician, emergency room, rescue squad, hospital staff and nurses, etc. in an emergency is a part of our responsibility and is not a breach of confidentiality: I agree to comply with these confidentiality obligations.
  
- III. **Volunteer Authorizations** I authorize Camellia Place 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 that I will be subject to a criminal background check, TB Test (Tuberculosis / Mantoux), sex offender registry check, and Motor Vehicle Records check (when applicable) as a condition of performing volunteer activities.

I understand that I am obligated to report any information which may be helpful in meeting the needs of the residents of Camellia Place. I also understand that my volunteer orientation requirements differ depending upon my assignment by the Life Engagement Coordinator. I agree to follow the established guidelines for volunteers at Camellia Place.

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