



PRESBYTERIAN
SENIOR CARE
OF WESTERN NEW YORK

Dear Prospective Volunteer:

Thank you for expressing an interest in becoming a volunteer at a Presbyterian Senior Care Facility. Enclosed is an application for you to fill out and a form to be completed by your physician including an up-to-date immunization record.

When you are ready to submit these materials, please call to schedule an interview by calling (716) 631-0123. At the interview, we will discuss what you hope to gain from your volunteer experience and what volunteer opportunities are available.

Please be aware that you may be asked to consent to and pass a criminal background check and drug and alcohol screening tests if you are offered a position as a volunteer. You will need to provide **picture ID** in order to have these checks completed.

I look forward to working with you to better serve the residents at Presbyterian Senior Care of WNY, Inc.

Sincerely,

Mindy Baird

Mindy Baird
Human Resource Manager

Health Assessment _____
Orientation _____
Start Date _____
Location _____



**PRESBYTERIAN
SENIOR CARE**
OF WESTERN NEW YORK

Volunteer Application

Date: _____

Application for : Volunteer Student Intern Community Service

Last Name: _____ First Name: _____

Address: _____

City/Town/State: _____ Zip Code: _____

Phone: _____

In case of emergency, please notify:

Name: _____ Phone: _____
Relationship: _____

Are you 18 years old or older? Yes No If no, what is your birth date? Month _____ Day _____ Year _____

Are you a US citizen?

Yes No Yes No

Please answer the following questions:

Why are you interested in volunteering at Presbyterian Senior Care of WNY, Inc.?

If you are interested in a particular facility or assignment, please indicate your preferences:

Are there any physical limitations that might affect your volunteer work? _____

Please list all previous volunteer experience: _____

Do you have any special interests or talents? _____

EDUCATION:

Are you currently in school? Yes School: _____ Major: _____

No

Are you volunteering to fulfill a school requirement? Yes No

If yes, number of hours needed _____

Name of contact school person: _____ Phone: _____

EMPLOYMENT:

Are you currently employed? Yes If yes, your title: _____
No Employer: _____
Address: _____

REFERENCES:

Please list one employment or educational reference:

Company Name: _____ Supervisor Name: _____
Address: _____ Phone: _____
City/Town/State: _____ Zip Code: _____
Your title or Position: _____ Years employed: _____
Reason for leaving: _____

Please list one personal reference (not a relative):

Name: _____ Phone: _____
Address: _____
City/Town/State: _____ Zip Code: _____

Your Signature:		Date:	
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Presbyterian Senior Care of WNY, Inc.
4455 Transit Road
Williamsville, NY 14221
716-631-0123

Lockport Presbyterian Home
305-327 High Street
Lockport, NY 14094
716-434-8805



Ken-Ton Presbyterian Village
3735 Delaware Avenue
Kenmore, NY 14207
716-874-6070



Presbyterian Village @ North Church
214 Village Park Drive
Williamsville, NY 14221
716-631-3430



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Volunteer Interest List

Lockport, Ken-Ton and PVNC
Gardening
Transportation of clients to appointments, grocery shopping, etc.

 LOCKPORT PRESBYTERIAN HOME	 KEN-TON PRESBYTERIAN VILLAGE	 PRESBYTERIAN VILLAGE AT NORTH CHURCH
1:1 visits with individual residents (reading, talking, etc.)	Greeter for Front Lobby (mornings)	Veteran to assist in raising of flag and a ceremonial approach
Help with Activities	Current events class leader	
Sew/mend resident items	Evening activities leader such as: game night, Wii bowling league, karaoke night	
Assist at facility events (Chicken BBQ, Bazaars, etc)	Volunteer server at noon meal	
	Afternoon basket delivery	



PRESBYTERIAN SENIOR CARE

OF WESTERN NEW YORK

Dear Health Care Provider:

As a requirement for volunteering at a Presbyterian Senior Care facility, each prospective volunteer must meet pre-employment health standards. Kindly complete this form for your patient who is seeking such an opportunity. Thank you.

Sincerely,

Mindy Baird

Mindy Baird, HR Manager

Name: _____ Date of Birth: _____

1. Is this person in general good health and free from communicable disease?

Yes No (Please comment on reverse side)

2. Date of last exam: _____

3. Rubella immunization Date: _____

or

Rubella antibody test results: _____ Date: _____

4. For those born after December 31, 1956:

Rubeola (measles) immunization dates: 1st: _____ 2nd: _____

or

Rubeola (measles) antibody test results: _____ Date: _____

5. TB skin test (PPD):

Date: _____ Type: _____ Results: _____

or

Known prior positive test; PPD skin test not performed.

6. Diphtheria/tetanus Date: _____

7. OPTIONAL

Hepatitis B vaccine Dates: 1st: _____ 2nd: _____ 3rd: _____

Other (Specify): _____ Date: _____

Signature of Examining Provider: _____

Print or Stamp Name: _____ Date: _____