

If typing in your responses, it is recommended that you first save the blank application to your device BEFORE typing, then reopen the form, fill in the fields and fax or scan completed form to Kim Beasley, Director of Volunteer Services & Community Engagement, at: kbeasley@agrhodes.org or 404-636-3581 (fax).



## VOLUNTEER APPLICATION

<b>Name:</b>		<b>Date of Birth:</b> (MM/DD/YYYY)	<b>Age:</b>
<b>Address:</b>			<b>Apt/Unit #:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Cell Phone:</b>		<b>Home Phone:</b>	
<b>Email:</b>			
<input type="checkbox"/> Check to sign up for the A.G. Rhodes e-newsletter			
<b>Emergency Contact Name:</b>		<b>Emergency Contact Phone:</b>	

**Demographic Information (optional):** click check boxes if completing electronically

- Gender:       Male       Female
- Ethnicity/Race:     African American       Asian/Pacific Islander       White/Caucasian       East Indian  
                           Hispanic/Latino       Native American       Bi- or Multi Racial       Other
- Education Level Completed:       High School       Technical/Associate       College       Graduate
- Employment Status:       Full time       Part time       Not Employed       Student       Retired

**Employment and/or Community Involvement (as applicable):**

<b>1. Employer:</b>		<b>Position/Description:</b>
<b>Date From:</b>	<b>Date To:</b>	
<b>2. Employer:</b>		<b>Position/Description:</b>
<b>Date From:</b>	<b>Date To:</b>	
<b>3. Employer:</b>		<b>Position/Description:</b>
<b>Date From:</b>	<b>Date To:</b>	

**Location Preference (check all that apply):**

- Atlanta                                       Wesley Woods                                       Cobb  
 350 Boulevard SE, 30312                      1819 Clifton Road NE, 30329                      900 Wylie Road SE, 30067

**Volunteer Type:**

- Individual volunteer       Group volunteer leader       Student volunteer       Family volunteer

<b>Group/School Name (if applicable):</b>	
<b>Group/Family size (if applicable):</b>	

**Frequency:**       One-time service       Ongoing service (will require a background check if 18 years/older)

<b>Have you volunteered in a nursing home facility before?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, list where:</b>	
<b>Are you the relative of an A.G. Rhodes resident or employee (past or present)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, list resident/employee's name:</b>	

Have you ever pled guilty, or no contest to, or been convicted of any misdemeanor or felony? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give the date(s) and details:	

\* Note: Answering "Yes" to this question does not constitute an automatic bar to volunteering. Factors such as age and time of the offense, seriousness and nature, and rehabilitation will be considered. Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question. A.G. Rhodes Health & Rehab does not accept court-ordered volunteers.

**Schedule Preferred (check all that apply):**

- Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday  
 Mornings    Afternoons    Evenings

**Volunteer Interests (check all that apply):**

- Activities    Horticultural Therapy    Music Therapy    Resident Visitation    Outings  
 Letter Writing    Oral History Projects    Entertainment    iPod Tech Support    Internship  
 Pet Therapy    Other (please describe): \_\_\_\_\_

Please describe any other skills/talents you wish to share with our residents: \_\_\_\_\_

**Volunteer Confidentiality Statement**

I hereby agree to regard all information received in the performance of my volunteer work in this health care facility as confidential. I understand that this facility respects residents' rights to privacy of information and I agree to respect these rights in the performance of my volunteer duties and keep "professional" confidentiality in all my statements outside the facility. I agree to respect residents' rights to privacy, as well as those of the family and the facility whenever I make community presentations or participate in volunteer recruitment programs. The content of these presentations will be approved in advance by the Director of Volunteer Services & Community Engagement.

**Photography and Audiovisual Recordings**

I give to A.G. Rhodes Health & Rehab, its designees, agents and assigns unlimited permission to use, publish and republish in any form of media, information about me and reproduction of my likeness (photographic or otherwise) and my voice, with or without identification of me by name. I agree not to photograph, take video or audio of any resident, staff member or visitor.

I certify that the information that I have provided on this application is true and accurate to the best of my knowledge.

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**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

I consent and agree, individually and as parent or legal guardian of the minor named above, to the foregoing terms and provisions and certify that the information provided on this application is true and accurate to the best of my knowledge. I give permission for the minor named above to do volunteer work at A.G. Rhodes Health & Rehab.

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**Parent/Guardian Signature (if applicant is under age of 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

Please return completed form to Kim Beasley, Director of Volunteer Services & Community Engagement, at: [kbeasley@agrhodes.org](mailto:kbeasley@agrhodes.org) or 404-636-3581 (fax)

Modified 1/24/17