

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):**

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

**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

Group/School Name (if applicable):	
Group/Family size (if applicable):	

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

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

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 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, 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.

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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 9/23/19