

Are you willing to undergo a background check and fingerprinting in accordance with Georgia regulations (for ongoing service, volunteers who are 18+ years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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 (sporadic needs only)

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.

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.

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

Print Name _____

Please return completed form to Kim Beasley, Director of Communications & Outreach, at:
kbeasley@agrhodes.org or 404-636-3581 (fax)

Modified 12/18/2024