

VOLUNTEER APPLICATION

				Date of Birt	:h:			
Name:				(MM/DD/Y	YYY)		Age:	
Address:						Apt/Unit #:		
71441 2331						7 (p c) 0		
City:		State:			Zip:			
•		I.						
Cell Phone:			Home	Phone:				
Email:								
				Check to sign	up for	the A.G. Rhod	es e-newsletter	
Emergency Contact			Emergency	Contact	:			
Name:		Phone:						
Demographic Information (optional): click	check boxes	if completi	ng electronica	ally			
Gender: \square Male	☐ Fema	ale						
Ethnicity/Race: ☐ African	American	☐ Asian/	Pacific Islar	nder 🗌 Whit	te/Cauc	asian \square	East Indian	
☐ Hisp	oanic/Latino	☐ Native A	merican	☐ Bi- or	Multi R	acial \Box	Other	
Education Level Completed:	☐ High	School \square	Technical/	Associate	☐ Colle	ege 🗆	Graduate	
Employment Status:	☐ Full time	☐ Part tin	ne 🗆 No	t Employed	☐ Stud	dent \Box	Retired	
Employment and/or Comm	unity Involvem	ent (as appli	icable):					
1. Employer:		F	Position/De	scription:				
Date From:	Date To:		,					
2. Employer:		F	Position/De	scription:				
Date From:	Date To:			•				
3. Employer:		F	Position/De	scription:				
Date From:	Date To:							
Location Preference (check	all that apply):							
☐ Atlanta	☐ Wesley \	Woods		☐ Cobb				
350 Boulevard SE, 30312		1819 Clifton Road NE, 3		30329 900 Y		900 Wylie Ro	Wylie Road SE, 30067	
Volunteer Type:								
, 1° -								
☐ Individual volunteer ☐	☐ Group volunt	eer leader	□ S	tudent volunt	eer	☐ Family vo	lunteer	
Group/School Name (if app	olicable):							
Group/Family size (if applied	cable):							
Frequency:	ne service	☐ Ongoing	service (w	ill require a fir	ngerprir	nt check if 18+	years)	
Have you volunteered in a	nursing home f	acility before	e?			☐ Yes	□ No	
If yes, list where:		•						
Are you the relative of an A	A.G. Rhodes res	ident or emp	oloyee (pas	t or present)?		☐ Yes	□ No	
If yes, list resident/employ			, (1	,				



-	ng to undergo a background check and fingerprinting in accordance with lations (for ongoing service, volunteers who are 18+ years)	☐ Yes ☐ No	
A.G. Rhodes	does not accept court-ordered volunteers.	□ N/A	
	erred (check all that apply):		
-	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Satu □ Afternoons □ Evenings (sporadic needs only)	rday	
Volunteer Int	erests (check all that apply):		
	☐ Horticultural Therapy ☐ Music Therapy ☐ Resident Visitation ☐ Outining ☐ Oral History Projects ☐ Entertainment ☐ iPod Tech Support ☐ In		_
Please descr	ibe any other skills/talents you wish to share with our residents:		-
I hereby agree confidential. in the performagree to respense to respense to the Director of th	Infidentiality Statement Is to regard all information received in the performance of my volunteer work in I understand that this facility respects residents' rights to privacy of information nance of my volunteer duties and keep "professional" confidentiality in all my stated residents' rights to privacy, as well as those of the family and the facility when or participate in volunteer recruitment programs. The content of these presents of Volunteer Services & Community Engagement. and Audiovisual Recordings Rhodes, its designees, agents and assigns unlimited permission to use, publish a bout me and reproduction of my likeness (photographic or otherwise) and my verside not to photograph, take video or audio of any resident, staff member the information that I have provided on this application is true and accurate to the	and I agree to respect to reatements outside the factories are represented in a special community and republish in any form to coice, with or without ideas or visitor.	hese rights cility. I y in advance of media,
Applicant Signat	gnature Date		-
Print Name			
provisions and	agree, individually and as parent or legal guardian of the minor named above, to describe that the information provided on this application is true and accurate to ion for the minor named above to do volunteer work at A.G. Rhodes.		
Parent/Guar	dian Signature (if applicant is under the age of 18) Date		-
Print Name			
	Please return completed form to Kim Beasley, Director of Communications & kbeasley@agrhodes.org or 404-636-3581 (fax)	Outreach, at:	

Modified 12/18/2024