A.G.Rhodes
COMMUNITY·WELLNESS·CARE

VOLUNTEER APPLICATION

Name:	**Date of Birth:** (MM/DD/YYY)	**Age:**
Address:		**Apt/Unit #:**
City:	**State:**	**Zip:**
Home or Cell Phone:	**Email:**	
Emergency Contact Name:	**Emergency Contact Phone:**	

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
350 Boulevard SE, 30312

☐ DeKalb
1819 Clifton Road NE, 30329

☐ Cobb
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 fingerprint check if 18+ years)

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

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Are you willing to undergo a background check and fingerprinting in accordance with Georgia regulations (for ongoing service, volunteers who are 18+ years) **A.G. Rhodes does not accept court-ordered volunteers.**	☐ Yes ☐ No ☐ N/A

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 6/25/26