

**SCHNURMACHER CENTER  
FOR REHABILITATION AND NURSING**

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Dear Junior Volunteer Applicant,

Enclosed is an application to join the Department of Volunteers at the Schnurmacher Nursing Home. Our program is designed to allow us to adequately train and orient volunteers in providing a needed service, and to be of assistance in instilling the value and meaning of volunteerism.

1. Our Junior Volunteer program encompasses boys and girls who are 13-18 years of age and who are in grades 8-12.
2. The minimum hours contributed to Schnurmacher must be 50. The follow-up paper work, letters of completion or references will only be sent after 50 hours of service. (Please speak to the Supervisor of Volunteers if you have a special need that requires fewer hours).
3. Weekday hours are after school until 5PM. Saturday and Sunday hours are available only upon special arrangement. Mid-day hours can be arranged for those students involved in classes that require community service.
4. Before Junior Volunteers can begin their service they must complete an application, have their school nurse or doctor fill in the medical form, and attend an orientation and/or training session.
5. Our dress code for Junior Volunteers requires that you wear clean slacks or skirts. No shorts, short skirts, tee shirts with logos, large items of jewelry, beepers, radios, cellular phones or hats will be permitted at Schnurmacher.

Please call our office at 914-287-7210 to set up an appointment so that we can discuss our volunteer opportunities with you.

Thank you for your interest in our program. We look forward to working with you.

Sincerely,

Filomena Cristo,

Therapeutic Recreation and Volunteers Supervisor

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12 TIBBITS AVENUE, WHITE PLAINS, NEW YORK 10606 (914) 287-7200 FAX (914) 428-1824

**SCHNURMACHER CENTER  
FOR REHABILITATION AND NURSING  
12 Tibbits Avenue  
White Plains, New York, NY 10606  
914-287-7210**

**JUNIOR VOLUNTEER APPLICATION**

Schnurmacher Nursing Home considers applications without regard to race, color, religion, national origin, marital status, sexual orientation, sex, disability or citizenship status.

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Birth date** \_\_\_\_\_  
\_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_ **Working Papers** \_\_\_\_\_ **Y** \_\_\_ **N**

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

**Person to Notify in Emergency** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Why do you want to volunteer?** \_\_\_\_\_  
\_\_\_\_\_

**School** \_\_\_\_\_ **Principal** \_\_\_\_\_

**Address** \_\_\_\_\_

**Guidance Counselor** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Is this a school or religious requirement?** \_\_\_\_\_

**Please indicate days and times available.**                      **Hours Required** \_\_\_\_\_

Monday   Tuesday   Wednesday   Thursday   Friday   Saturday   Sunday

**AM** \_\_\_\_\_

**PM** \_\_\_\_\_

**Work experience – please give dates and names of supervisors.**

\_\_\_\_\_  
\_\_\_\_\_

Please indicate special skills or interests \_\_\_\_\_

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**REFERENCES – Please list two individuals, not relatives, and provide full names and addresses ( You may use teachers, clergy, employers, etc.)**

**NAME** \_\_\_\_\_ **NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

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*I will notify the Volunteer Department if I am unable to keep my volunteer assignment. I agree to abide by the policies and procedures of Schnurmacher Nursing Home. I will be punctual, courteous, dependable and keep in confidence all information I may hear or be told concerning a patient, doctor, employee or volunteer. I confirm to the best of my knowledge that the information in this application is correct and complete.*

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

**PARENT’S OR GUARDIAN’S AGREEMENT**

**I permit my son/daughter \_\_\_\_\_ to volunteer at Schnurmacher Nursing Home. I realize the responsibilities of this position and will cooperate to help him/her comply.**

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

**-----FOR VOLUNTEER OFFICE USE ONLY-----**

**Interview Date** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **I.D Badge Given** \_\_\_\_\_  
**{PPD** \_\_\_\_\_

**Medical Form Complete: {IMM. \_\_\_\_\_ Permanent Placement** \_\_\_\_\_

**Interviewed by** \_\_\_\_\_ **Birthday list** \_\_\_\_\_ **Date Resigned** \_\_\_\_\_

**Comments** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHNURMACHER CENTER  
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12 Tibbits Avenue  
White Plains, New York 10606  
914-297-7210**

**VOLUNTEER HEALTH ASSESSMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone No. \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F

List the names and addresses of all physicians that are currently treating you or HMO Group if applicable.

\_\_\_\_\_  
\_\_\_\_\_

Please list the name and telephone number of person to contact in case of emergency:

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

**MEDICAL INFORMATION**

Have you ever been diagnosed with the following conditions?

Diabetes            \_\_\_ Yes \_\_\_ No

Epilepsy            \_\_\_ Yes \_\_\_ No

Heart Disease      \_\_\_ Yes \_\_\_ No

Tuberculosis        \_\_\_ Yes \_\_\_ No

If you answered "Yes" to any of these, please explain. \_\_\_\_\_

\_\_\_\_\_

Has a physician limited your physical activity within the past 12 months? If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS**

Please list all prescription drugs that you are currently taking

Medication	Dosage	Frequency	Reason
1. _____			
2. _____			
3. _____			
4. _____			

Do you have any allergies? If so indicate what you are allergic to.

**IMMUNIZATIONS**

All volunteers must provide a proof of immunization. To do this you must have your doctor complete the section below or have a Rubella Titer blood test to proof that you've been vaccinated.

Measles	Date of illness _____	Immunization date _____
Mumps	Date of illness _____	Immunization date _____
Whooping cough	Date of illness _____	Immunization date _____
Chicken Pox	Date of illness _____	Immunization date _____
Rubella	Date of illness _____	Immunization date _____

Rubella Titer Test    Date \_\_\_\_\_    Results \_\_\_\_\_

All volunteers must be tested for tuberculosis every 12 months. If you test positive, you must have a chest x-ray.

TB Test    Date \_\_\_\_\_    Results \_\_\_\_\_

Chest x-ray    Date \_\_\_\_\_    Results \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date