

**Margaret Tietz Nursing & Rehabilitation Center** a non-profit voluntary facility

164-11 Chapin Pkwy, Jamaica, N.Y. 11432 Tel: (718) 298-7800 ext.338/336

**APPLICATION FOR VOLUNTEER SERVICES**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Number of Children at Home: \_\_\_\_\_ (give ages) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_

In Case of Emergency:

Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you any physical limitations?: \_\_\_\_\_

Are you under any kind of treatment?: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Education: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Previous Work: \_\_\_\_\_

Previous Volunteer Service: \_\_\_\_\_

Do you know any foreign languages?: \_\_\_\_\_

Which?: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

Special Education or Training which you feel is relevant to working with nursing home residents:

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Hobbies, Skills or Special Interests: \_\_\_\_\_

I would like to help an individual or group with: \_\_\_\_\_

I am interested in: \_\_\_\_\_

I am willing to share with the residents: \_\_\_\_\_

I prefer to visit on the floors with the residents. Yes No

I enjoy helping with bingo, games and cards, etc. Yes No

I would be interested in helping with decorations for special holidays. Yes No

If the need arises I can change my day at the home (special occasions, trips) Yes No

I can play a musical instrument. Yes No

Community Group Affiliations (clubs, councils, committees, church, etc.): \_\_\_\_\_

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Days preferred for routine work: \_\_\_\_\_

Hours preferred for routine work: \_\_\_\_\_

Would you consider volunteering for special events?: \_\_\_\_\_

Do you drive?: \_\_\_\_\_ Is car available?: \_\_\_\_\_

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I understand that, if accepted for volunteer service, I will serve regularly as assigned and will accept supervision graciously. I also understand that any training given is solely for Volunteer Services and does not lead to paid employment.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

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