



Volunteer Application

First Name

Last Name

Address

City, State, Zip Code

Primary Phone Number

Social Security Number

Emergency Contact Name

Emergency Contact Phone Number

Other: _____ Other: _____

Hours of Availability to Volunteer between 8 AM-5 PM:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: Cherokee Elder Care is closed!

Sunday: Cherokee Elder Care is closed!

Please circle all activities in which you would like to be involved:

Arts & Crafts

Board Games

Discussion Groups

Exercise

Sewing

Music

Gardening

Bible Study

Reading

Please list any other volunteer experiences that you may have had:

Facility/Location

Start Date

End Date

Type of volunteer activity performed

Facility/Location

Start Date

End Date

Type of volunteer activity performed

Facility/Location

Start Date

End Date

Type of volunteer activity performed

Health History:

It is necessary for CEC to obtain the following health information. All information is kept confidential and will only be reviewed by the QAPI/Employee Health Nurse, the Executive Program Director or the Human Resource department as required by the Center for Medicare/Medicaid Services.

Primary Care Physician Contact Information: _____

Do you have any known allergies, asthma, convulsions or seizures (Circle): Yes No

Please list your current medications in the spaces provided:

Personal Reference 1:

First Name

Last Name

Address

City, State, Zip Code

Primary Phone Number

Length of Time Known

Personal Reference 2:

First Name

Last Name

Address

City, State, Zip Code

Primary Phone Number

Length of Time Known

Personal Reference 3:

First Name

Last Name

Address

City, State, Zip Code

Primary Phone Number

Length of Time Known

Background History:

Have you ever been charged or convicted with a felony (Circle)? Yes No

Do you have anything on your background check that you would like to explain? If so, please explain here:

HIPAA Visitor Agreement:

I understand that during and after my volunteerism, I will not share any participant information with anyone outside of the Cherokee Elder Care staff. I understand that I am responsible for keeping ALL participant information confidential.

Consent for Background Check:

In consideration of my volunteer application with CEC, I hereby grant permission for the general background check to be conducted through investigation of my personal history. This background check will include, but is not limited to, verification of any dates, names, facts, or circumstances provided by me as well as the following: statewide criminal history search, federal criminal search, social security number verification and Oklahoma screen. I further understand that no additional notice shall be required to conduct additional background checks if I become a volunteer. I further give permission to CEC to receive a copy of any information obtained in the file of any federal, state or local court or governmental agency concerning me. I agree to comply with all aspects of the initial or any follow up background investigation protocols. I understand that if I refuse to comply, my volunteerism will be terminated.

Consent for Alcohol & Drug Testing:

I understand that CEC may exercise the right to conduct drug and/or alcohol tests of volunteers for the purpose of detecting drug and/or alcohol abuse, and that one of the requirements for consideration of volunteering with CEC is the satisfactory passing of CEC’s drug and/or alcohol test(s).

If I am approved as a volunteer, I agree to take a drug and/or alcohol test whenever requested by CEC. I understand that the taking of such tests is a condition of my continued volunteer status. I also give consent to the testing agency to release the results of my tests to CEC and any other officially interested parties. This signed volunteer application will serve as my consent to such testing.

Acceptance & Acknowledgement of Application:

I certify that all statements herein are true and complete to the best of my knowledge. Additionally, I understand that a completed volunteer application does not guarantee that I will be approved to volunteer.

Signature of Applicant

Date

Signature of CEC HR Staff Member/Witness

Date