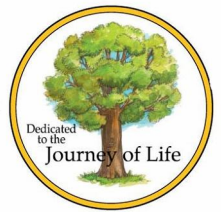


## **VOLUNTEER OPPORTUNITIES**



**1. Clerical Support**

This volunteer will assist throughout the community with clerical projects.

**2. Dining Room Assistant**

This volunteer will provide assistance to Dining room attendants and CNA's such as transporting residents, setup and cleanup, passing food/beverages, cutting up food, etc.

**3. Human Resource Assistant**

This volunteer will assist the human resources department with the completion and organization of daily assignments.

**4. Center for Health and Rehab Volunteer**

This volunteer will provide assistance to residents and Certified Nurse Aides (CNAs) as specified below in the essential duties and responsibilities, and as directed by supervisor.

**5. Independent Plus Caregiver assistant**

This volunteer will assist IP with clerical duties and assist IP residents

**6. Music & Arts Entertainer**

This volunteer will play music for residents or help resident's fine tune their musical abilities. Volunteer must have knowledge of singing, dancing, or playing a musical instrument.

**7. Outing Escort**

This volunteer will accompany 1-2 residents and recreation staff on group outings.

**8. Program Planning Assistant**

This volunteer will assist Recreation Coordinator in planning events, special programs and monthly outings.

**9. Recreation Group Assistant**

This volunteer will assist Recreation staff in setting up program area, transport residents and assist with implementing group. These groups may include but are not limited to active games, cognitive games, exercise, arts & crafts, cooking, reading/reminisce and bingo.

**10. Rehabilitation Assistant**

This volunteer will provide assistance to residents and therapy staff as needed.

**11. Special Event Assistant**

This volunteer will assist Recreation Staff Members with set up, implementation and clean up of special event / entertainment programs.

**12. Gift Store Volunteer**

This volunteer will assist in the operations and daily upkeep of our volunteer run gift store.

**13. Friendly Visitor**

This volunteer will provide companionship to elders by visiting and interacting with them on an individual level.

**14. "No One Dies Alone" Hospice Companion (Can be a secondary option)**

This volunteer will provide comfort and compassionate companionship to residents entering life's final journey and to provide emotional support to families struggling to cope.

*\* The above listed volunteer opportunities are subject to change at any time*



# Application for Volunteer Work

*We are an equal opportunity employer and adhere to the principles and practices which prohibit discrimination in the application process or employment on the basis of race, sex, religion, national origin, age, citizenship, marital status, disability height or weight or any other prohibited considerations under local, state or federal law.*

Please print. All responses must be completed in full.

<b>General Information</b>	Last Name:		First Name:		Middle Name:		
	Other Last Name(s) Used:						
	Address:				City, State, Zip:		
	e-mail:						
	Date of Birth:		Gender:		Race:		
	<i>(*This information is required to run a mandatory background check*)</i>						
	Telephone: (     )			Alternate Telephone: (     )			
	Why do you want to volunteer at Burcham Hills?						
	What or who encouraged you to become a volunteer?						
	Please describe any prior or present volunteer or community activities:						
Have you been employed here before?							
If "yes", provide year(s) you left employment: _____							
Are you 14 years of age or older? If "no", you must have a parent or guardian accompany you during volunteer work. <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>							

<b>Schedule and Work Desired</b>	<b>Check all that apply:</b>	<b>Rank all positions for which you wish to be considered in order of preference:</b>
	<b>Availability:</b>	
	Sunday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Special Event Assistant <input type="checkbox"/> Caregiver
	Monday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Friendly Visitor <input type="checkbox"/> Dining Room Assistant
	Tuesday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Music / Entertainer <input type="checkbox"/> Clerical Support
	Wednesday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Recreation <input type="checkbox"/> Hospice Companion
Thursday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Program Planner <input type="checkbox"/> Therapy/Rehab	
Friday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Gift Store <input type="checkbox"/> Outing Escort <input type="checkbox"/> HR	
Saturday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Other	
<b>Frequency:</b>		
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Special Other		
<b>Length of Commitment:</b>		
<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year or longer		

***All volunteers are required to complete 30 hours of service. Volunteers are also required to pass a criminal background check. All volunteers must be over the age of 14. If they are under 14 they need to be accompanied by adult. We do not accept court ordered community service or anyone who has a felony on their record.***

<b>Employment History</b>	<b>Company Name</b>		Telephone (    )
	Address		City, State, Zip
	Job title and description of work		
	<b>Company Name</b>		Telephone (    )
	Address		City, State, Zip
	Job title and description of work		
	<b>Company Name</b>		Telephone (    )
Address State, Zip		City,	Telephone (    )
Job title and description of work			

<b>Education</b>	Name and Location of School		Course of Study	Degree or Diploma
	High School			
	Post HS			

<b>References</b>	Name (no relatives, please)	Address	Telephone	Occupation

<b>Other Background Info</b>	Have you ever been convicted of a felony or misdemeanor crime (not including traffic civil infractions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been arraigned or arrested for a felony, which did not result in a conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p><b>Important Note:</b> A criminal record does not necessarily disqualify an applicant for employment, but will be considered with all other information to determine whether you will be hired and what duties you may be assigned. Dishonesty about a criminal record will disqualify you. A felony arrest, which did not result in a conviction, is not considered in the decision to hire, but we will investigate the circumstances of the arrest when appropriate to make certain that you possess the good moral character required of our employees.</p>	
	Do you have any felony charges pending against you at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “yes” to any of the above questions in this section, indicate each offense for which you were convicted and the year of conviction. If you were arrested but not convicted, indicate the charge, the year of charge and how the charge was resolved or if it is still pending.

Please describe any military experience or background, including your highest rank attained and any specialized schooling or training that might be helpful in your employment with us.

How did you learn of this position?

### **Applicant’s Certifications, Authorization and Acknowledgments**

I certify that the information provided in this application and any accompanying paperwork or resume is accurate and true, and that I have not omitted any requested information from the application. I understand that false or misleading information during the application process or a material omission in the application will disqualify me from further consideration for volunteering, and that if false or misleading information or a material omission is discovered later, it will result in my immediate termination.

I certify that I am authorized to work in this country.

I understand that if I am given an offer of volunteer work, it may be conditioned upon satisfactory results of a background investigation and criminal record check, negative Tuberculosis Test and/or volunteer orientation.

I authorize Burcham Hills to investigate all statements contained in this application or made by me during the application process. I authorize my previous employers to give Burcham Hills all facts, opinions and evaluations concerning my previous employment, and any other information, which they may have, personal or otherwise. I release all persons providing this information from liability of any kind, which may allegedly arise from furnishing this information to Burcham Hills. A signed copy of this Certification and Release will serve as my written authorization for these persons to release this information. This authorization also serves as a waiver of my right to be notified of the disclosure of any information, which may be contained in my personnel records from any previous employment. This waiver is made under Section 6(3)(a) of the Bullard-Plawewski Employee Right to Know Act [MCL 423.506(3)(a)]. Any previous employer of mine may rely upon a photostated copy of this document to release information about me.

I understand that, if I am hired by Burcham Hills, my volunteering will be on an at-will basis. This means that either Burcham Hills or I could terminate my volunteer service at any time, with or without a good reason, and with or without prior notice.

I agree to comply with all Burcham Hills rules, regulations and policies, as they may be amended from time to time.

I understand that if I have a disability requiring an accommodation, I must request an accommodation in writing within 182 days of becoming aware of the need for an accommodation.

By signing this application, I certify that I have read, understand and agree to the statements contained above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature