



# Broadway House for Continuing Care Volunteer Application

## General Information (Please print all sections clearly)

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

Name as you would like it to appear on your Name Badge: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

## How did you hear about Broadway House for Continuing Care?

### Organization Affiliation

Are you or have you been affiliated with any groups or organizations (Community Service Organizations, Fraternity, Sorority, Church group, etc)? Yes or No

If yes Name: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Availability

Please check available days:  Monday  Tuesday  Wednesday  Thursday  
 Friday  Saturday  Sunday

Time Preference: \_\_\_\_\_

### Skills

Can you operate a personal computer? Yes or No

If yes what computer programs are you familiar with?

Professional Licenses/Certification: \_\_\_\_\_

**Personal Background Information**

Have you ever been convicted of, or plead guilty to any criminal offense. Misdemeanor or Felony

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

**In Case of Emergency:**

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation: \_\_\_\_\_

**Work Experience:**

Most recent work experience:

Employer: \_\_\_\_\_

Dates: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

**Volunteer Experience:**

Agency Name: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_

Type of Service Provided: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Certification:**

As a volunteer of Broadway House for Continuing Care, I accept that the welfare of the organization depends upon the conduct and honesty of its volunteers. I authorize Broadway House for Continuing Care and any agent authorized to act on its behalf, to conduct an investigation of my character, previous employment, reasons for termination, and previous volunteer experience. I hereby release Broadway House for Continuing Care and any agent authorized to act on its behalf from any liability by reason of furnishing such information. I agree to accept the final decision of Broadway House for Continuing Care as to my suitability for volunteering.

I understand that nothing in this registration form is intended to lead or to create an employment contract between Broadway House for Continuing Care and me. I further understand that my services as a volunteer may be discontinued at any time.

I certify that the information provided by me is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Volunteer Signature & Date

\_\_\_\_\_  
Volunteer Coordinator & Date

# PLEDGE OF CONFIDENTIALLY

(Please read carefully and sign)

I, \_\_\_\_\_, am volunteering my time to work for Broadway House for Continuing Care. I understand that in the course of my work for Broadway House for Continuing Care, I may learn certain facts about residents residing at Broadway House for Continuing Care that are of a highly personal and confidential nature. Examples of such information are medical condition and treatment, finances, living arrangements, employment, sexual orientation, relations with family members, and the like. I understand that all such information of a personal and confidential nature to any person not affiliated with Broadway House for Continuing Care and authorized by Broadway House for Continuing Care to have such information pertains.

Further, I agree that I will not take on responsibilities for clients related to my volunteer work that would change the essential volunteer nature of the work. Specifically, this includes but is not limited to, becoming the Executor of a client's estate, accepting a client's Power of Attorney, Medical Power of Attorney, etc. I also agree not to knowingly place myself into a situation where I am a recipient of financial or material gain. In the event that I am, I will immediately contact my volunteer or staff supervisor for consultation and resolution of the matter.

I also agree that any work subject to copyright laws, which I may create in my capacity as a Broadway House volunteer would be the sole and exclusive property of Broadway House for Continuing Care.

Name (*please print*) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Volunteer Director's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

## Volunteer Personal Reference Broadway House for Continuing Care

Applicant's Name: \_\_\_\_\_

Broadway House for Continuing Care provides 24 hour medical and psychosocial care to adults living with AIDS. Broadway House volunteers participate in recreational activities with our residents as well as provide support and guidance. Therefore, it is important that our volunteers demonstrate strong character traits.

As a reference for this applicant please provide comments on the following:

General work ethic:

Leadership qualities:

Interaction with others:

Professionalism:

Reference completed by \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Date \_\_\_\_\_