

Volunteer Application

Name:			
(Last)	(First)		(Middle)
Street Address:			
(City)		(State)	(Zip Code)
Home Phone: ()_		Cell Phone:()
Email Address:			
Are you a student? □	Yes □No If yes, what g	grade/year?	Are you 18 yrs or older? ☐ Yes ☐ No
If yes, what school do y	ou attend?		
Mayflower with the Off		nt Affairs or the Director	ussed the specifics of what you will be doing at of Service and Social Innovation in the CLS?
Are you confident that ☐ Yes ☐ No	·	a volunteer at Mayflowe	er is in line with visa regulations?
Have you done volunte	eer work for another orgar	nization? 🗆 Yes	□No
If yes, where and what	did you do?		
Foreign Languages spo	ken:		
Hobbies or interests: _			
What skills, training, or	knowledge do you wish t	o utilize here?	
Why do you want to vo	olunteer at Mayflower Cor	nmunity?	

Do you have health concerns, allergies, physical limitations that need to be accommodated to help you volunteer?						
Please te	ell us which days and times you are available	:				
Monday	Tuesday □ Wednesday □ Thu	ursday □ Friday	☐ Saturday ☐	Sunday 🗆		
Morning	g □ Afternoon □ Evening □	Anytime □				
How ma	ny hours would you like to serve?	per		_		
Do you v	wish to put a time limit on your volunteer cor	mmitment?				
3 month	as □ 6 months □ 1 year □	Indefinite □				
Addition	nal comments or information					
Have you with May	nswered yes, please list name of family members are seen employed with a yflower Community?	ny Mayflower Com zations? □ Yes	munity, or any other co	ntracted agency affiliated		
Please p	rovide 2 personal or professional references	:				
1.	Name		Phone			
I	Email Address		Relationship			
2.	Name		Phone			
1	Email Address		Relationship			
If choser	n to volunteer, please complete the emerger	ncy contact informa	ation:			
Name: _						
Relation	ship:	Phon	e:			

We will contact you for an interview and run a background check. When volunteer criteria has been met, we will schedule you for volunteer orientation and health screening, if required. Please bring your photo ID to your appointments. If you have any questions please call 641-236-6151.

SINGLE CONTACT LICENSE & BACKGROUND CHECK

When considering individuals for volunteer set the content and nature of the work and the sa Mayflower Community property. This conviction for volunteering which may involve unsupervise defined by law. A conviction/criminal history received the case will be given individual consideration.	fety and security of the employees, sto on information must be disclosed befo sed access to developmentally disabled ecord does not necessarily disqualify a	udents, residents, the public, and re an applicant can be considered persons or vulnerable adults as
Name (Last) (Fir	st) Middle)	
Other Names/Alias (Married, Maiden)		
Social Security No:	Date of Birth:	Gender: Male □ Female □
Have you ever been convicted of a felony within	n the past 5 years? Yes	□ No
If yes, please explain:		
You will not be considered for a volunteer posit	ion if you do not complete and sign th	is form.
I certify that the information contained in above knowledge. I understand that consideration for depend on true, accurate and complete represe materials. I understand that false or misleading of this application or dismissal if discovered after make inquiries regarding my education, work exthat acceptance for volunteer services may be of from law-enforcement related agencies.	volunteer services and the continuation entation of these facts as stated or impoint information in my application or interver the start of my volunteer service. I a experience, references, and any crimina	on of subsequent volunteering blied in all application-related view will be the cause for rejection uthorize Mayflower Community to I conviction history. I understand
Signature	Da	ate

VOLUNTEER STATEMENT OF CONFIDENTIALITY

Confidentiality is defined as safeguarding the content of information including written, video, audio, or other computer stored information from unauthorized disclosure without consent of the resident and/or the resident's representative.

During the course of my work as a volunteer, I may develop, use, maintain, or have incidental contact with or access to information related to residents, caregivers, employees, providers, financial data, and/or any other information pertaining to *Mayflower Community business or operations that is confidential*.

I understand and agree that in performance of my duties as a volunteer of this facility:

- ❖ Confidential information in any form (including paper records, oral communication, email, audio recordings, and electronic displays) is the property of *Mayflower Community and is to be considered strictly confidential unless specified otherwise.*
- The confidentiality obligation set forth in this agreement as well as applicable policies continue beyond the end of my relationship with *Mayflower Community*.
- This agreement is valid for all individuals with access to confidential information, regardless of volunteer or employment status.
- I understand the resident has a right to personal privacy and confidentiality of his or her personal and medical records to include accommodations, medical treatment, written and telephone communications, personal care and meetings with family.

I hereby agree to abide by the volunteer policies and facility rules and regulations and uphold resident confidentiality as I fulfill my role as volunteer. I recognize the importance of confidentiality and will not share anything seen, heard, or read while volunteering here.

Volunteer's Name:	First	MI	Last (please print)	
Volunteer's Signature				

Thank you for your interest in volunteering at Mayflower Community!

If you have any questions, please contact us at 641-236-6151.