

Volunteer Application

Welcome to the Mennonite Village

Your interest in becoming part of the Mennonite family is appreciated.

In order to become a volunteer there are several steps that must be completed. Please read below for instructions and what is entailed in becoming a good volunteer.

1. Complete the attached application form.
2. Fill in your references and complete the emergency contacts.
3. Mark the days and times you will be available to volunteer.
4. Return your application in to the front reception desk, mail or e-mail the application back.
5. Once the application has been turned in the Volunteer Coordinator will contact you for an interview.

The following steps must be completed before an applicant becomes a volunteer.

1. A two step TB screening is required for anyone who works directly with residents or anyone who works with food. Our nursing staff will provide the TB testing at no charge to you.
2. Criminal background checks are mandatory for anyone age 18 or older. The volunteer coordinator will direct you to that step of the procedure. You will need to provide a state-issued photo ID, such as a driver license or Oregon state ID card. The photo ID will be verified, photocopied and returned to you while you wait. If you have lived outside the state of Oregon within the last 5 years please bring a list of addresses.
3. Fingerprints are mandatory for anyone who has been out of the state for more than 60 consecutive days in the past 5 years.
4. New volunteer orientations may be done on an individual basis or in an orientation class.
5. Interns or volunteers volunteering more that 80hrs per year are required to have a drug screening test. This will be provided at no charge to you.

Becoming a volunteer means making a commitment. Every volunteer will have a supervisor and a schedule to keep. We ask that you consider the commitment you are willing to make before starting the above process.

Mennonite Village 5353 Columbus St. SE, Albany Or. 97322
Email: robink@mennonitevillage.org

MENNONITE VILLAGE

541-704-1086

HANDS & HEARTS

VOLUNTEER APPLICATION

Office Use
 Reference
 Assignment
 Nametag
 Database
 Orientation
 BG Check

Your Name _____ Date _____

Address _____ City _____ Zip _____

Phone Number _____ E-mail address _____

Your birth-date day _____ month _____

List School IF your assignment is part of a school project or program: _____

Are you a Mennonite Village Resident? No Yes

Have you ever been convicted of any crime? No Yes If yes, give state _____

Have you ever had a positive tuberculosis test? No Yes

Willing to volunteer at:

Quail Run (Assisted Living) Mennonite Home (Nursing Home)

Lydia's House (Alzheimer's and Dementia) The Village (Independent Living)

Anywhere Needed

Approximate amount of time willing to volunteer:

1 hour/week 2-4 hours/week 5-8 hours/week 1 time/month

2-4 times/month Special events (on call)

Times available to volunteer:

Monday Tuesday Wednesday Thursday Friday Sat. Sun

Mornings Afternoons Evening

Please *check* activities you are interested in doing:

Therapeutic Activities:

Arts & crafts Games helper Play music or musical instrument

Lead discussion groups Lead group exercises Lead weekend activities

Walk residents outside Bingo Callers Visiting Companion

Clerical Other

Domestic & Maintenance:

Food service helper Sewing Ironing

Grounds maintenance Fold laundry Other

Gift Shops: (Must be 18 or older.)

Staff gift shop

Over Please...

Personal Services:

- Reading (one-on-one or in groups) Facials, makeup, apply lotions, fingernail polish
- Accompany residents to activities off campus Write and/or read mail

Activities in Your Home:

- Sewing Make scrapbooks Craft Preparation Research Information

Pastoral Services:

- Visit one on one with residents Sit with dying residents (training provided)
- Transport residents to services Usher for Sunday morning or memorial services
- Lead singing Speak at Sunday morning or afternoon services
- Play piano Provide special music
- Lead Bible studies Lead praying of the Rosary

Administrative:

- Computer room (help users) Clerical assistance (help with mail, data entry, etc.)

Please list your interests, skills and hobbies that you are willing to share with others. _____

Volunteer Statement: I wish to donate my services to the Mennonite Village and I understand that there is no payment for services rendered under the volunteer program. I understand I must abide by the rules, regulations, and policies of the Mennonite Village, and that I shall work under the direction of a department supervisor and Volunteer Services Coordinator. I understand that confidentiality must be maintained concerning residents' information. I understand that if I do not abide by the supervisor's and Volunteer Coordinator's rules, regulations and policies, or break confidentiality, that I will be terminated from the volunteer program. I authorize the Volunteer Coordinator to investigate statements made in this application, to obtain a Criminal History Check and to contact my references.

Volunteer's Signature: _____ Date: _____

Parental release if under age 18:

I give my permission for _____ to volunteer at the Mennonite Village. I understand that they are expected to follow all rules, regulations and policies of the Mennonite Village. The Mennonite Village is authorized to obtain a tuberculosis test.

Parent or Guardian Signature: _____ Date: _____

Volunteer Coordinator
Robin Keener
 Direct line 541-704-1086
 Email: Robink@mennonitevillage.org

VOLUNTEER EMERGENCY CONTACT LIST

Volunteer Applicant's Name: _____

First Contact:

Name: _____

Relationship: _____

Home phone: _____ Work: _____ Cell: _____

Second Contact:

Name: _____

Relationship: _____

Home phone: _____ Work: _____ Cell: _____

VOLUNTEER REFERENCES

First Reference:

Name: _____

Relationship: _____

Home phone: _____ Work: _____ Cell: _____

Second Reference:

Name: _____

Relationship: _____

Home phone: _____ Work: _____ Cell: _____

I have voluntarily provided the information on this contact list for the purpose of emergency contacts and/or references for my volunteer services. By signing this form I am giving permission for the Mennonite Home to contact the individuals listed for the stated purposes. I understand that the confidentiality of this information cannot be guaranteed due to the need for accessibility.

SIGNATURE

DATE