

St. John of God Retirement and Care Center

Volunteer Application Form

2468 S. St. Andrews Place

Los Angeles, Ca 90018

323-731-0641



Name: _____ Work Phone _____

Address _____ Home Phone _____

City & State Zip _____

Education: _____

Spouse: _____ Birthday: _____

Special skills, hobbies and interest: _____

Time Preference	Morning		Afternoon			Evening	
Days preferred	Su	Mon	Tu	We	Th	Fri	Sat
Length of time for your volunteer commitment:			3 months		6 months		1 year

Previous volunteer service: _____

Language Skills: _____

Do you have any health problems that might limit your volunteer work? If so please list. _____

Do you have any allergies or are you taking any medications? If so please List _____

IN CASE OF RMERGENCY: CONTACT:

Relationship _____ Phone: _____

1. I have read the Confidentiality Statement and agree to abide by it.
2. I am 18 years of age or have minor permission slip.
3. I will provide a photo I.D. (such as a Driver's License to be attached to this application

Signature: _____ Date: _____

MINOR PERMISSION SLIP

I give permission for my son/daughter to do volunteer work at St. John of God Retirement and Care Center.

Signature of Parent or Guardian _____ Date _____



Confidentiality Statement:

As a volunteer worker at St. John of God Retirement and Care Center, I may learn information about residents or employees that is private in nature. Confidential information includes all personal, financial, and medical data regarding resident (including their residence at St. John of God). Also, information about staff, financial data, business records, and employee information is equally confidential.

I understand that California State Law requires me to keep such knowledge confidential and prohibits me from seeking to obtain such information from a resident (client). This means that I may not seek, share nor discuss such facts with persons inside or outside of the facility.

I agree to respect the privacy of such information and will contact the Director of Volunteers should I have questions or concerns about confidentiality.

Signature

Date:

