

# Brevillier Village Auxiliary Volunteer Information Sheet

All personal information will be kept confidential

Name		Date
Address		Date of Birth
City	State	ZIP
Phone	E-mail address	

Person(s) to be contacted in case of emergency:

Name	Phone
Name	Phone
Family Physician	Phone

Have you ever worked with older adults?	Yes	No
Have you volunteered anywhere else?	Yes	No

If so, where?

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Do you have any friends or relatives residing at Brevillier Village?

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What days and times can you volunteer?

Days:	Times:
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How did you hear about Brevillier Village's Volunteer Program?

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Please describe any skills and special interests you have which may be of use as a Brevillier Village Volunteer.

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Do you have a preference as to facility or activity?

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Why would you like to volunteer here at Brevillier Village?

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Personal References: Please include telephone number and address. Do not use family members.

1.--

2.--

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Do you know of anyone who may be interested in volunteering here?

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If in college, name College:

Expected date of graduation:

Major

I understand that all personal information will be kept confidential. I authorize investigation of all statements contained in this questionnaire. I certify that the answers given by me are true and correct. I authorize Brevillier Village to check my personal references.

If placed as a Brevillier Village volunteer, I authorize Brevillier Village to conduct a Criminal Background Check one month after I begin volunteering.

I understand that I may be required to pass a two-step mantoux (TB) test prior to starting. This test will be provided free of charge at the Nurses Station.

Signature

Date

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PLEASE RETURN TO:

Vickie Mottern  
Volunteer Coordinator  
5416 East Lake Road  
Erie, PA 16511

PHONE NUMBER:  
(814)899-8600 ext. 244

Office Use Only

codes: \_\_\_\_\_

Dept: \_\_\_\_\_

Start Date: \_\_\_\_\_