



On the Harry & Jeanette Weinberg-Paul & Joyce Heiman Family Campus

5467 Cedar Village Drive
Mason, Ohio 45040

Phone (513) 754-3100
Fax (513) 336-3174

ADULT VOLUNTEER APPLICATION

May, 2008

Dear Friends:

Thank you for your interest in volunteering at Cedar Village. As a Cedar Village Volunteer, you become our residents' link to the community and your commitment shows are residents that they are not forgotten and that they are still valued.

Volunteering anywhere is a wonderful way to give back to your community and teach others your talents and skills. By becoming a Cedar Village volunteer, you enhance the lives of people that are no longer able to take advantage of daily life outside of our facility. You will be able to give our residents a glimpse of what your day is like, and bring ongoing happiness and laughter into their heart and home.

Attached you will find a Volunteer Application, (2) Referral Forms and Waiver of Liability. Please take a moment to print these forms out, review them and then you can mail or fax them back to me. If you have any questions, please contact me at (513) 336-3137. I look forward to hearing from you soon!

Sincerely,

Marcia

Marcia Westcott

Director of Volunteers & Resident Programming

CEDAR VILLAGE VOLUNTEER SERVICES APPLICATION

5467 Cedar Village Drive Mason, Ohio 45040

Phone (513) 754-3100 Fax (513) 336-3174

Date: _____

Miss/Mrs. /Mr. _____
(Last Name) (First Name)

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____ E-Mail Address: _____

Birthday: _____ (year not necessary) Referred By: _____

Previous Volunteer Experience: _____

What type of volunteering are you interested in? _____

When are you available to volunteer? (PLEASE CIRCLE)

Weekdays: MON. TUES. WED. THURS. FRI.

Weekends: SATURDAY SUNDAY EITHER

Time: MORNINGS AFTERNOONS EVENINGS

Are you interested in volunteering on holidays? _____

Do you have any hobbies that might be of interest to our residents? _____ If yes,
what are they? _____

Do you play the piano? _____ Other instrument? _____

What other languages, if any, do you speak? _____

In case of illness notify: _____ Phone: _____

Doctor's Name & Phone: _____

FOR OFFICE USE ONLY:

References Completed: Date: _____

Confidentiality & Liability Waiver Signed: Date: _____

Background Check Completed Date: _____

Mantoux Test Completed Date: _____

Orientation Date: _____ Start Date: _____ # Hours per month: _____



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Cedar Village Volunteer Program Confidentiality and Waiver of Liability

I [print name] _____, release Cedar Village from any claims arising out of any personal injuries, damages, expenses, and loss that may be sustained by me while participating as a volunteer.

I will uphold the standards and policies of Cedar Village.

I will comply with instructions given to me by Cedar Village management, the Volunteer Services Coordinator and any staff member in his/her area of responsibility.

I agree to regard all non-public information received in the performance of my volunteer work at Cedar Village as confidential.

I will not use or disclose any confidential information belonging or relating to Cedar Village, including but not limited to information about residents, volunteers, staff members, vendors, and residents' friends and family, unless such disclosure is authorized in writing by Cedar Village management or is required by law or legal process.

Volunteer

Parent or Guardian
(If under 18)

Date
108519



Cedar Village Volunteer Reference Form

Volunteers accepted with Cedar Village must submit TWO references from adults – other than relatives – who can speak for the applicant’s suitability to assist adults living in a long-term care environment.

REFERENCE INFORMATION

Name of volunteer applicant: _____

ALL INFORMATION THAT YOU PROVIDE US WILL BE REGARDED AS CONFIDENTIAL

1. How long have you known the applicant? _____

2. What is the nature of your association with the applicant? (friend, neighbor, employer, etc.)

3. In your opinion, is this person suitable for volunteer work in a facility that serves the aging population? _____

4. To the best of your knowledge, has this person been convicted of or pled guilty to drug abuse, theft or any violent crime? ___ Yes ___ No ___ Do not know

5. What can you tell us about this applicant that would help us know them better? _____

6. In what ways do you think this applicant can make a contribution to Cedar Village? _____

Signature of Reference

Date

Reference Name: _____

Address: _____ City, Zip _____

Phone #: _____ Email: _____



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_____ Signature of Reference	_____ Date
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Reference Name: _____

Address: _____ City, Zip _____

Phone #: _____ Email: _____