



4646 Nine Mile Point Road  
 Fairport, New York 14450  
 (585) 388-2323 – Volunteer Coordinator: Jill Sypnier

**VOLUNTEER APPLICATION**

**Personal Information:**

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation (previous or current): \_\_\_\_\_

**Preferred Location:**

\_\_\_\_\_ Long Term Care (Skilled Nursing)      \_\_\_\_\_ Assisted Living  
 \_\_\_\_\_ Rehab Units      \_\_\_\_\_ No Preference

**Preferred Task(s)—check all that apply:**

**Within FBH: In the Community (Fairport/Perinton):**

\_\_\_\_\_ Music      \_\_\_\_\_ Respite care      \_\_\_\_\_ Office assistant  
 \_\_\_\_\_ Games/activities      \_\_\_\_\_ Parties      \_\_\_\_\_ Friendly visits  
 \_\_\_\_\_ Activity planning      \_\_\_\_\_ Special events      \_\_\_\_\_ Pet therapy  
 \_\_\_\_\_ Religious      \_\_\_\_\_ Technology/Computer      \_\_\_\_\_ Yardwork  
 \_\_\_\_\_ Presentations/Discussion groups      \_\_\_\_\_ Gardening  
 \_\_\_\_\_ Writing letters/Reading      \_\_\_\_\_ Gift Shop cashier  
 \_\_\_\_\_ Wheelchair transport      \_\_\_\_\_ Therapy Dept.      \_\_\_\_\_ Beauty Shop

**Time Preference:**

Please check all that apply:

I can volunteer:

\_\_\_\_\_ Once a month      \_\_\_\_\_ Once a week      \_\_\_\_\_ More than once a week      \_\_\_\_\_ As needed      \_\_\_\_\_ Other

**Time/Day:**      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Morning							
Afternoon							
Evening							

**Matching Information:**

General interests, skills, volunteer experience, languages, and hobbies: \_\_\_\_\_

Do you smoke? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you allergic to pets? \_\_\_\_\_ yes \_\_\_\_\_ no

List any special considerations for your placement (distance from home, preference for age or gender of care receiver, ability to push wheelchair, office work, enjoy/dislike speaking with new people)?

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What reservations, if any, do you have about volunteering?

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**Screening Information:**

Have you ever been convicted of a crime other than a traffic violation? \_\_\_\_ yes \_\_\_\_ no

If yes, please explain:

**Emergency contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**References:**

Please list three persons we may contact who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than a personal friend.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

**Fairport Rehab & Nursing Center also requires all volunteers working within the home:**

- To provide documentation of MMR.
- To provide documentation of an annual flu shot or to wear a mask during flu season. (Approx. November-May)
- Volunteers who are in the building more than 10 hours a week are also required to receive the PPD test, this can be provided by Fairport Rehab & Nursing Center.

**If you will be driving a vehicle as a part of your volunteer duties:**

Do you have a valid driver's license? \_\_\_\_ yes \_\_\_\_ no

Do you have any traffic violations? \_\_\_\_ yes \_\_\_\_ no

If yes, please explain:

License number: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Here if we have your permission to use your photo in FBH marketing (website, Facebook, etc.).

**I certify that the information I have provided on this application is true and accurate and I hereby give my consent for Fairport Baptist Homes to contact my references; to contact my employers, past and present; and to conduct a routine police check.**

\_\_\_\_\_  
Signature of Applicant

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