



Student Volunteer Application

4646 Nine Mile Point Rd.
Fairport, NY 14450
(585) 388-2323 Volunteer Coordinator: Jill Sypnier

Personal Information:

(Circle One)

Name: _____ Phone: _____ Cell/Home/Work

Address: _____

Email: _____

School Attending: _____

Grade you'll be in the Fall: _____

If under the age of 18, Legal Guardian: _____ Phone: _____

Emergency Contact: (if not same as above)

Name: _____ Phone: _____ Relationship: _____

How Many Hours of Volunteering Does your School/Church Require You to Complete: _____

Are you looking for: Summer Hours/ Fall / Spring/ All of the Above (Circle)

How Often Would you like to Volunteer:

____ Once a Month ____ Once a Week ____ More than Once a Week ____ As Needed ____ Other

Please Mark Your Availability:

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, Ability to lift more than 10 lbs. office work, enjoy/dislike speaking with new people) _____

What Reservations, if any, do you have about volunteering? _____

Screening Information: Have you ever been convicted of a crime other than a traffic violation? ___ Yes ___ No

If Yes, please explain: _____

Preference of Volunteer Department

___ Long Term Care (Skilled Nursing)

___ Assisted Living

___ No Preference

___ Rehab Units

Volunteer Options

Work within FRNC:

___ Music

___ Games/Activities

___ Friendly Visits

___ Special Events

___ Religious

___ Technology/Computer

___ Presentations/ Discussion Groups

___ Writing Letters/ Reading

___ Parties

___ Wheelchair Transport ___ Beauty Shop ___ Therapy Dept.

___ Pet Therapy

___ Gift Shop (Cashier)

___ Office Assistance

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 or Email: _____

Name: _____ Phone: _____ Relation: _____

Address or Email: _____

Name: _____ Phone: _____ Relation: _____

Address or Email: _____

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, etc)

Signature of Applicant

Date

The Fairport Baptist Homes also requires all volunteers working within the home or within an elders private home To provide documentation of MMR

To Provide Documentation of an Annual Flu Shot

To Wear a Mask during Flu Season/State Requires wearing of Mask especially if you did not receive Flu Vaccine

If you will be driving vehicle as 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:** _____

Check here if we have your permission to use your photo in FBH Marketing (website/Facebook, etc.)