



## Volunteer Application

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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

Are you a student?  Yes  No If yes, what grade/year? \_\_\_\_\_ Are you 18 yrs or older?  Yes  No

If yes, what school do you attend? \_\_\_\_\_

College Students: *If you hold an international student visa, have you discussed the specifics of what you will be doing at Mayflower with the Office of International Student Affairs or the Director of Service and Social Innovation in the CLS?*  
 Yes  No (If no, you need to do so.)

*Are you confident that what you will be doing as a volunteer at Mayflower is in line with visa regulations?*  
 Yes  No

Have you done volunteer work for another organization?  Yes  No

If yes, where and what did you do? \_\_\_\_\_  
\_\_\_\_\_

Foreign Languages spoken: \_\_\_\_\_

Hobbies or interests: \_\_\_\_\_  
\_\_\_\_\_

What skills, training, or knowledge do you wish to utilize here? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer at Mayflower Community? \_\_\_\_\_  
\_\_\_\_\_

Do you have health concerns, allergies, physical limitations that need to be accommodated to help you volunteer?

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Please tell us which days and times you are available:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Morning  Afternoon  Evening  Anytime

How many hours would you like to serve? \_\_\_\_\_ per \_\_\_\_\_

Do you wish to put a time limit on your volunteer commitment?

3 months  6 months  1 year  Indefinite

Additional comments or information \_\_\_\_\_

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Do you have a family member employed at Mayflower Community?  Yes  No

If you answered yes, please list name of family member: \_\_\_\_\_

Have you ever volunteered or been employed with any Mayflower Community or any other contracted agency affiliated with Mayflower Community?  Yes  No

Previous volunteer experience with any other organizations?  Yes  No

Special Training/ Certification: \_\_\_\_\_

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Please provide 2 personal or professional references:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

If chosen to volunteer, please complete the emergency contact information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*We will contact you for an interview and run a background check. When volunteer criteria has been met, we will schedule you for volunteer orientation and health screening, if required. Please bring your photo ID to your appointments. If you have any questions please call 641-236-6151.*

# SINGLE CONTACT LICENSE & BACKGROUND CHECK

When considering individuals for volunteer services, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of the employees, students, residents, the public, and Mayflower Community property. This conviction information must be disclosed before an applicant can be considered for volunteering which may involve unsupervised access to developmentally disabled persons or vulnerable adults as defined by law. **A conviction/criminal history record does not necessarily disqualify an individual for volunteer services.** Each case will be given individual consideration.

Name (Last) (First) Middle)

Other Names/Alias (Married, Maiden)

Social Security No:

Date of Birth:

Gender:

Male  Female

Have you ever been convicted of a felony within the past 5 years?  Yes  No

If yes, please explain:

**You will not be considered for a volunteer position if you do not complete and sign this form.**

I certify that the information contained in above-stated information is true, correct, and completed to the best of my knowledge. I understand that consideration for volunteer services and the continuation of subsequent volunteering depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I understand that false or misleading information in my application or interview will be the cause for rejection of this application or dismissal if discovered after the start of my volunteer service. I authorize Mayflower Community to make inquiries regarding my education, work experience, references, and any criminal conviction history. I understand that acceptance for volunteer services may be conditioned on the receipt of a satisfactory criminal conviction report from law-enforcement related agencies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTEER STATEMENT OF CONFIDENTIALITY

Confidentiality is defined as safeguarding the content of information including written, video, audio, or other computer stored information from unauthorized disclosure without consent of the resident and/or the resident's representative.

During the course of my work as a volunteer, I may develop, use, maintain, or have incidental contact with or access to information related to residents, caregivers, employees, providers, financial data, and/or any other information pertaining to *Mayflower Community business or operations that is confidential*.

I understand and agree that in performance of my duties as a volunteer of this facility:

- ❖ Confidential information in any form (including paper records, oral communication, email, audio recordings, and electronic displays) is the property of *Mayflower Community* and is to be considered *strictly confidential unless specified otherwise*.
- ❖ The confidentiality obligation set forth in this agreement as well as applicable policies continue beyond the end of my relationship with *Mayflower Community*.
- ❖ This agreement is valid for all individuals with access to confidential information, regardless of volunteer or employment status.
- ❖ I understand the resident has a right to personal privacy and confidentiality of his or her personal and medical records to include accommodations, medical treatment, written and telephone communications, personal care and meetings with family.

I hereby agree to abide by the volunteer policies and facility rules and regulations and uphold resident confidentiality as I fulfill my role as volunteer. I recognize the importance of confidentiality and will not share anything seen, heard, or read while volunteering here.

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|-------------------|-------|----|---------------------|
| Volunteer's Name: | First | MI | Last (please print) |
|-------------------|-------|----|---------------------|

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|-----------------------|------|
| Volunteer's Signature | Date |
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*Thank you for your interest in volunteering at Mayflower Community!*

*If you have any questions, please contact us at 641-236-6151.*