**VOLUNTEER APPLICATION**

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

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:

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

If you are volunteering with an organization or group, please tell us the name\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? YES ⬜ NO ⬜ Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous volunteer experience:

Have you ever worked with children with disabilities? If yes, explain:

**I am interested in volunteering:**

\_\_\_\_Once a Week \_\_\_\_Once Every Other Week \_\_\_\_Once a Month \_\_\_\_Once a Quarter \_\_\_\_Once a Year \_\_\_\_ I’m not sure yet \_\_\_\_ At large events, once or twice a year

How did you hear about us? Please write in the name of the church, company name, group, media source or website:

Why do you want to volunteer at St Mary’s? :

In case of an emergency, please notify:

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything you would like to tell us about yourself?

**For Students**:

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

Are you volunteering in order to complete a class requirement?

How many hours do you need? \_\_\_\_\_\_\_\_\_\_\_\_\_\_when must they be completed by?

Do you need direct care hours? YES ⬜ NO ⬜ If yes, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer efforts will always support the St. Mary’s mission statement: ***We will provide quality, specialized care within a homelike environment for children and adults with severe disabilities, so each person can achieve his or her fullest potential.***

All volunteer applicants must attend training on:

1. Patient rights, confidentiality
2. Volunteer policies and procedures
3. Infection control

Volunteers 18 years and older must present proof of a negative TB test.

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Steps to Volunteering at St. Mary’s Home

Volunteer efforts will always support the St. Mary’s mission statement: ***We provide quality, specialized care within a homelike environment for children and adults with severe disabilities, so each person can achieve his or her fullest potential.***

A. Individual must complete a volunteer application and make an appointment with the community liaison for a tour of the building prior to being considered for a volunteer position.

B. The volunteer program consists of four separate groups:

1. Unpaid interns/volunteers age 18 years and up

2. Administrative volunteers age 18 and up

3. Junior volunteers age 13 to 18

4. Peer pals -- children under age 13 who are interested in becoming a pal to one of our children

C. Requirements

1. TB test if the volunteer is 18 or older taken within the last 30 days (two tests are required if results are more than 1 year old). You can have the test done at your local health department or at your physician’s office. Or contact Carlton Farmer at (757) 622-2208 ext. 423 or [cfarmer@smhdc.org](mailto:cfarmer@smhdc.org) to arrange to have the test taken at St. Mary’s Home. These are done between 8 am and 9 am on Tuesdays, and then return on the next Thursday during the same hours to have the test results read.

2. All volunteers 18 and older must sign in using the Lobby Guard system.

3. Peer pals must be accompanied by a parent.

4. All volunteers will be in the company of a St. Mary’s staff member.

D. All volunteer applicants must attend training on:

1. Patient rights, confidentiality and HIPAA (Health Insurance Portability and Accountability Act)

2. Volunteer policies and procedures

3. Infection control

For more information, contact:

Carlton Farmer

Community Liaison

(757) 622-2208 ext. 423

[cfarmer@smhdc.org](mailto:cfarmer@smhdc.org)

To return completed volunteer application:

* Email [cfarmer@smhdc.org](mailto:cfarmer@smhdc.org)
* Fax (757) 627-5314
* Mail, or drop off in person St. Mary’s Home

6171 Kempsville Circle

Norfolk, VA 23502