



JGS Lifecare, Corp.
770 Converse Street
Longmeadow, MA 01106
Phone (413) 567-3949 (Ext. 3010) Fax (413) 567-4425

ADULT VOLUNTEER APPLICATION

Personal Information:

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Phone: Home _____ Work _____ Cell _____
e-mail _____ Date of Birth _____

In case of emergency, please notify _____

Relationship _____ Phone _____

Are you retired? Yes No If no, where are you employed _____

What is/was your occupation? _____

How did you find out about our volunteer opportunities? _____

Why do you want to volunteer? _____

Community affiliations or club/organizational memberships _____

Please list any prior/current volunteer work experience _____

Special skills, interests, hobbies, languages, talents (music/dance/art) you would like to share with resident:

Do you smoke (use tobacco products or E-Cigarettes)? Yes No

JGS Lifecare is a "smoke-free" campus and no longer hires employees or volunteers who smoke.

When can you begin volunteering?

How often would you want to volunteer? 1x per week 2x per week 1x per month

Days and times available: Mon Tues Wed Thurs Fri Sat Sun

Mornings Afternoons Evenings Weekends

PLEASE CHECK OFF ANY OF THE AREAS BELOW THAT INTEREST YOU

(Jewish Nursing Home = JNH; Ruth's House Assisted Living = RH; Adult Day Health = WADH)

- Recreation Activities Assistance (JNH/RH)
 - Bingo, Arts & Crafts, Spelling Bee, Board Games
 - Discussion Groups
 - Computer class
 - Music programs
 - Bridge/Mah Jong
 - Day Trips
- Caring Friend (JNH/RH)
- Library Cart (JNH/RH)
- Administrative Assistance (JNH/RH)
- Transporting Residents w/i JNH/RH
- Monthly Birthday Parties (JNH)
- Monthly Summer Picnics (JNH)
- Cafeteria Assistance – Cashier (JNH)
- Gift Shop (JNH)
- Coffee Shop (JNH)
- Religious Services (JNH) (Fri. 3:30 PM/Sat. 9 AM)
- Adult Day Care Assist (WADH)

Please describe any physical or mental conditions or restrictions you have that might affect your ability to perform certain activities

Physician's Name _____ Phone _____

Personal References (preferably not a relative or spouse)

1. Name _____ Phone _____

2. Name _____ Phone _____

JGS Lifecare, Corp. has my permission to contact references.

Signature of Applicant _____ Date _____

Relationship to Applicant _____ Date _____

FOR AGENCY USE ONLY		
Interviewer _____	Date _____	Entered in Raiser's Edge _____
Comments _____		
