



JGS LIFECARESM

Guided by Jewish Values. Serving All Faiths.

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

GROUP VOLUNTEER APPLICATION

Group/Organization Information:

Group/Organization Name _____

Official Representative Name:

Last _____ First _____

Address _____

City _____ State _____ Zip _____

Phone: Main _____ Fax _____

e-mail _____

Alternate Contact:

Last _____ First _____

Group Size: _____ Age Range: _____ Grade(s): _____

On-site Adult Supervisor: _____

Signature of Group Representative: _____ Date _____

Objective: Community Service Special Project Education Other

Commitment: 1-2 hours 1/2 Day 1 Day Several Days Weekly Monthly

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

Mornings Afternoons Evenings Weekends

Specific Date(s): _____ Specific Time(s): _____

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)

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

Special skills, interests, hobbies, languages, talents (music/dance/art) the group would like to share with residents:

Please list any special accommodations you may need?

JGS Lifecare, Corp., a non profit health care organization with its principal place of business at 770 Converse Street, Longmeadow, Massachusetts, is very pleased to work in conjunction with local schools and organizations to have children and their teachers or advisors visit our campus.

By signing below, _____ (“the school/organization”) located at _____ affirms that all necessary steps have been taken to assure that the following matters are true:

The school/organization affirms that it has received the written authorization for JGS Lifecare, Corp. and its subsidiaries, or its Agent or the Media, to use the photograph and/or likeness in print or on video/film/television in the production of marketing and informational materials for use by JGS Lifecare, Corp. and its subsidiaries, or its Agent or the Media, of the following children and teachers/advisors that will be visiting the JGS Lifecare, Campus on _____ (insert date of visit)

Print Names of Visiting Children and Teachers/Advisors:

Childs Name _____ T/A Name _____

Childs Name _____ T/A Name _____

Childs Name _____ T/A Name _____

Childs Name _____ T/A Name _____

Childs Name _____ T/A Name _____

Childs Name _____ T/A Name _____

Childs Name _____ T/A Name _____

Childs Name _____ T/A Name _____

The period of authorization is infinite although the visiting child or representative may revoke that consent with written or verbal notification.

By: _____ Date: _____

In addition to submitting this application, a further agreement between JGS Lifecare, Corp. and the sponsoring organization will need to be executed to ensure the appropriate supervisory, insurance, health, and legal requirements and regulations are met.

For further information or to submit this application via email please contact:

Kimberley Grandfield
KGrandfield@JewishLifecare.org
(413) 567-6211 ext. 1610

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