



COUNTY OF NORTHAMPTON

DEPARTMENT OF HUMAN SERVICES

GRACEDALE NURSING HOME
Jennifer Stewart-King, NHA
Interim Administrator
2 GRACEDALE AVENUE
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GRACEDALE ADULT VOLUNTEER APPLICATION

A VOLUNTEER IS A PERSON WHO WILLINGLY OFFERS TO SERVE WITHOUT ANY EXPECTATIONS OF COMPENSATION OF PAYMENT

NAME _____ DATE OF BIRTH _____
(last) (first) (middle initial)

ADDRESS _____
(street) (city) (state) (zip)

PHONE _____ CELL _____ EMAIL _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ PHONE _____

ADDRESS _____
(street) (city) (state) (zip)

VOLUNTEER EXPERIENCE _____

WORK EXPREIENCE _____

HOBBIES _____

REFERENCE #1 _____
(name) (relationship)

(years known) (phone number)

REFERENCE #2 _____
(name) (relationship)

(years known) (phone number)

REFERENCE #3 _____
(name) (relationship)

(years known) (phone number)

Are you aware of any physical or medical limitations which should be considered in your volunteer assignment? YES _____ NO _____

If yes, please explain _____

AVAILABILITY

A. Frequency with which you wish to volunteer (circle one)

Once a week

Twice a week

Once a month

Every two weeks

Whenever needed

B. Day(s) of week preferred _____

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Interview Date _____ Starting Date _____

Assignment _____

Photo ID _____ Master Log _____ Mailing List _____ Greeting Card _____

TB S&S FORM _____ CHRC _____ Orientation/Training _____

Remarks _____

Leave Date _____ Reason _____