



COUNTY OF NORTHAMPTON

DEPARTMENT OF HUMAN SERVICES

GRACEDALE NURSING HOME
Jennifer Stewart-King, NHA
Interim Administrator
2 GRACEDALE AVENUE
NAZARETH, PENNSYLVANIA 18064-8785
610.829.3400 Fax 610.746.1901
www.gracedale.org

GRACEDALE JUNIOR 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)

DATE OF BIRTH _____ PHONE _____
(month/day/year)

NAME OF SCHOOL: _____ GRADE FOR 2019-2020 SCHOOL YEAR: _____

Are you volunteering to fulfill a school or religious requirement, i.e. mandatory community service, confirmation, graduation requirement, etc.? YES _____ NO _____

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

Are you up to date on your immunizations? YES _____ NO _____

Relatives or friends who volunteer or are employed at Gracedale Nursing Home _____

REFERENCE #1 _____
(name) (relationship)

(years known) (phone number)

REFERENCE #2 _____
(name) (relationship)

(years known) (phone number)

REFERENCE #3 _____
(name) (relationship)

(years known) (phone number)

MOTHER/GUARDIAN'S FULL NAME _____

PLACE OF EMPLOYMENT _____

PHONE _____ CELL PHONE _____

FATHER/GUARDIAN'S FULL NAME _____

PLACE OF EMPLOYMENT _____

PHONE _____ CELL PHONE _____

CONTACT OTHER THAN PARENT _____

RELATIONSHIP _____ PHONE _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____

I HEREBY CONSENT FOR MY DAUGHTER/SON TO PARTICIPATE IN THE JUNIOR VOLUNTEER PROGRAM AT GRACEDALE NURSING HOME.

Parent/Guardian Signature _____ Date _____

Applicant's Signature _____ Date _____

OFFICE USE ONLY

Interview Date _____ Orientation Date _____ Start Date _____

Days of Week _____ Shirt Size _____ Pd. for Shirt _____

Allergies _____