

**HERITAGE HEALTH CARE CENTER - Volunteer Services**  
1657 Sunset Ave. - Utica, NY 13502 - (315) 797-7392 Ext. 239

**VOLUNTEER SERVICES APPLICATION** (Please Print)

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

**I would volunteer as often as:** *(circle preference)*

Twice Weekly

Weekly

Every Two Weeks

Monthly

**Times available:** *(circle all preferences)*

Weekdays Only

Weekends Only

Morning

Afternoon

Early Evening

**Day(s) of week preferred:** \_\_\_\_\_

**I WOULD HELP WITH THE FOLLOWING:** *(Please check your preferences)*

\_\_\_\_\_ Friendly visiting

\_\_\_\_\_ Activity programs (Cooking Groups, Ceramics, Coffee Hour, Bingo, etc.)

\_\_\_\_\_ Letter writing or room organization projects

\_\_\_\_\_ Taking residents for shopping trips, rides, picnics with staff outside of facility

\_\_\_\_\_ Window Panes Gift Shop

\_\_\_\_\_ Transporting residents by wheelchair within Heritage to Beauty Shop or Entertainment Programs

\_\_\_\_\_ Filing, typing or other clerical work

\_\_\_\_\_ Teaching a new craft or helping with a crafts program

\_\_\_\_\_ Manicures/ Hand and Nail Therapy

\_\_\_\_\_ Sewing, mending, making walker bags

\_\_\_\_\_ Sorting resident clothing or delivering linens

\_\_\_\_\_ GOOD BEARS: cut or trim patterns, draw or embroider faces

\_\_\_\_\_ OTHER: \_\_\_\_\_

(SEE OTHER SIDE)

Skills and interests: \_\_\_\_\_  
\_\_\_\_\_

Volunteer Service and/or Work: (current or past) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want to volunteer at Heritage because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My volunteer time will be more fulfilling for me if \_\_\_\_\_  
\_\_\_\_\_

The following agree to provide a reference and information on my character:

References _____	Phone _____
_____	Phone _____

*No matter where I volunteer in Heritage Health Care Center, I may hear privileged information or observe privileged communication. ALL information relating to residents and employees is considered to be confidential and must NEVER be disclosed to others except as required for patient care.*

**I will consider as confidential all information that I may hear directly or indirectly concerning a resident or staff member.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Volunteer)

**PLEASE RETURN APPLICATION TO:**

**Regina Skermont, CTRS, Director of Therapeutic Recreation/Volunteer Services**  
Heritage Health Care Center  
1657 Sunset Ave. - Utica, NY 13502  
(315) 797-7392 Ext. 239 skermont@hhcc.net