



**DUNWOODY VILLAGE**  
3500 West Chester Pike, Newtown Square, PA 19073

**Tobacco-Free Workplace**



## Volunteer Application

*Volunteers play a valuable part in enriching the lives of our residents at Dunwoody Village and they bring a unique energy to the entire community. By contributing time, special skills, and a "caring heart", you can make a difference and enhance the quality of life of older adults. Volunteers are an integral part of our "total care" team. Thank you for your interest in our Volunteer Program.*

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ : \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State/Zip Code

Telephone: \_\_\_\_\_

Shifts available to volunteer:  Days  Evenings  Nights  Weekends

Areas of interest for volunteering:  Nursing Care  Activities  Dining  Horticulture

Have you ever worked at Dunwoody Village?  Yes  No

How did you learn about our volunteer program at Dunwoody Village?

Advertisement  Employee Referral  Walk-in  Other \_\_\_\_\_

Have you lived outside the state of Pennsylvania within the last two years?  Yes  No

Are you 18 years of age or over?  Yes  No

If under age 18, do you have a work permit?  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Have you ever been convicted of a crime (other than a misdemeanor or summary offense) or ever been convicted of a violent crime?  Yes  No If YES, please explain \_\_\_\_\_

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Have you ever been dismissed from employment or volunteering due to abuse of residents or has your medical license ever been suspended?  Yes  No If YES, please explain \_\_\_\_\_

Driver's license number, if driving is an essential job function: \_\_\_\_\_

State: \_\_\_\_\_ Type of License:  Class I  Class II  CDL

**Complete this section if you are a licensed health care professional.**

Professional license or registration: \_\_\_\_\_

State(s) in which registered or licensed: \_\_\_\_\_

Registration or license number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Employment History**

Please provide the following information for your last four (4) employers, assignments, or volunteer activities, starting with the most recent.

	Address	Tel. Number
Employer	May we contact for a reference?	Start Date
Supervisor	Job Duties:	End Date
Job Title		Starting rate of pay
Reason for Leaving?		Final rate of pay
<hr/>		
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Job Title		Starting rate of pay
Reason for Leaving?		Final rate of pay

**Skills and Qualifications**

Please summarize any special training, skills or certifications related to the position for which you have applied: \_\_\_\_\_  
 \_\_\_\_\_

**Educational Background**

Name and Location	# Years Completed	Did you Graduate?	Course of Study
High School			
College			
Other			

**References**

Provide the names of three work-related references. If you have no prior work experience, please give references related to your church, school or volunteer organization.

Name, Position, Company	Telephone	Business/Occupation

**Agreement of Understanding**

*I understand that all statements made on this volunteer application are subject to the verification of Dunwoody Village and I release all persons, companies or institutions from any and all liability or responsibility for supplying such information. I further understand that misrepresentation of facts is sufficient cause for rejection of this application or discharge if I am later employed.*

*I understand that by signing the volunteer application, I am agreeing to screening for criminal background, drugs and alcohol, and licensure checks which may be conducted prior to and at any time during my volunteering at Dunwoody Village. I understand that this application remains current for four (4) months. Being accepted as a volunteer at Dunwoody Village is contingent upon my successful completion of a drug and/or alcohol screen, and receipt of a criminal background check which is satisfactory to the standards of Dunwoody Village.*

*A Criminal Record Background Investigation Report must be obtained for all volunteers and employees hired. Conviction of a crime listed in the Older Adults Protective Act will result in a denial of volunteer status or employment.*

*By my signature below I affirm that I have been advised that as a condition of my volunteering or employment status, criminal history background clearance must be obtained from the Pennsylvania State Police and/or the Federal Bureau of Investigation. I understand that Act 169 of 1996 and Act 13 of 1997 prohibit the employment of persons convicted of certain crimes, and that this information is being obtained in compliance with this act. I authorize Dunwoody Village to deduct the cost of the pre-employment criminal record background investigation report on myself from my first paycheck. The cost of this report is \$10.00. If I have been a resident of Pennsylvania for less than two years, an additional criminal record background check will be obtained from the Federal Bureau of Investigation at a cost to me of \$30.25. The original of this report will be held on file in the Human Resources Department.*

*I certify that the information provided by me in this application is true and correct to the best of my knowledge. I further certify that I have read and understand all parts of this application. I agree that if I am chosen as a volunteer or become employed by Dunwoody Village, I will abide by all rules, regulations, policies and procedures set forth by Dunwoody Village.*

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**Applicant Signature**


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**Date**