



Atlantic Visiting Nurse
200 Mt. Airy Road, Basking Ridge, N.J. 07920

Volunteer Application
for Adult Day Center of Somerset Hills and AVN Office Volunteers

(Please Print)

Name of Applicant Birthdate Address City Zip Home/Cell Phone Work Phone E-mail Occupation Employer Can you receive calls at work? Education/Special Training Work Experience

Please provide TWO Personal References (excluding family members). Please provide a complete address, as references are verified by mail.

First Name Last Name Phone Address City State Zip

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Identified Areas of Interest:

Adult Day Center Member Care Office Services

Do you know a language other than English? Language Other Special Services:

Do you have access to transportation? Liability Insurance? Valid Driver's License?

Days and Hours available to Volunteer:

- Monday Morning Afternoon late afternoon until 6pm (Vaccine Clinic Greeter only)
- Tuesday Morning Afternoon late afternoon until 6pm (Vaccine Clinic Greeter only)
- Wednesday Morning Afternoon late afternoon until 6pm (Vaccine Clinic Greeter only)
- Thursday Morning Afternoon late afternoon until 6pm (Vaccine Clinic Greeter only)
- Friday Morning Afternoon late afternoon until 6pm (Vaccine Clinic Greeter only)

Person to be notified in an emergency: First Name _____ Last Name _____ Phone _____ - _____ - _____ Address _____ City _____ State ____ Zip _____

How did you learn about the Atlantic Visiting Nurse Volunteer Program?

What do you think you will gain from volunteering for Atlantic Visiting Nurse?

What do you think you will be able to contribute to the Atlantic Visiting Nurse Volunteer Program?

What qualities (*skills, talents, knowledge, and experiences*) do you feel you can incorporate into your volunteer work?

Have you ever been convicted or plead guilty to a crime or criminal offense, other than a minor traffic violation, which has not been expunged or sealed by a court? YES NO (*If YES, please explain*)

Please read the information below carefully and **sign** the application

I realize, as a condition of volunteering, that I will be required to undergo a physical examination as prescribed by the Agency prior to being assigned a volunteer position. I understand that I may not be accepted as a volunteer if the results of that physical examination reveal that I may not be able to perform my duties without endangering my own health and safety, or the health and safety of others.

X _____ Date ____/____/____
(Signature of Applicant)



Atlantic
Health System

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professional in the field in which I work. I, like them, assume certain responsibilities and expect to account for what I do in terms of what is expected of me.

I understand that any information that is disclosed to me while assisting Atlantic Visiting Nurse or the Adult Day Center of Somerset Hills is confidential.

I interpret "volunteer" to mean that I have agreed to work without compensation in money. Having been accepted as a volunteer worker, I expect to do my work according to the standards set forth in the Volunteer Policies and Procedures.

Declaration

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that, by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I affirm that I have read the volunteer Code of Ethics and agree to abide by its regulations. I agree to respect the confidentiality of any client/patient information I acquire during my volunteer activities with Atlantic Visiting Nurse or the Adult Day Center of Somerset Hills.

Applicant Signature

Date