

Levindale Hebrew Geriatric Center and Hospital Courtland Gardens Nursing & Rehabilitation Center

## **Volunteer Services**

Levindale Hebrew Geriatric Center and Hospital 2434 West Belvedere Avenue Baltimore, MD 21215-5299 www.lifebridgehealth.org

Telephone: 410-601-2260 Fax: 410-601-8029

## **VOLUNTEER APPLICATION**

Name: Mr./Mrs./Ms.	Email:
Address:	City/State/Zip
Home Phone:	Work Phone:
Date of Birth:	Social Security No.
EDUCATION (Please circle last year completed) High School: 1 2 3 4 College: 1 2 3 4 Other:	
Volunteer Experience:	
AVAILABILITY (Please check preferred da	ys and enter time of day)  Wed   Thu   Fri   Sun
☐ I want to volunteer with my family. Children's age(s)	
☐ Provide instrumental/vocal talent ☐ Distribute magazines/books	<ul> <li>☐ Friendly visiting</li> <li>☐ Eden pet visits</li> <li>☐ Horticulture aide</li> <li>☐ Escort residents (on and off site)</li> <li>☐ Other</li> </ul>
Do you speak language(s) other than English? If yes, what language(s)?	
Why do you want to volunteer?	
How did you hear about the volunteer program at Levindale/Courtland?	
Phone	
Relationship	Relationship
Please read and sign: Facility rules and ethics apply to volunteers the same as the professional staff. Violations of Customer Service Standards, release or sharing of patient information and/or facility business and non-compliance with other facility policies and procedures can result in counseling and possible termination from an assigned position.	
As a Levindale/Courtland volunteer, I unders  Be punctual and conscientious in the performance  Commit to at least 100 hours a year, unles  Conduct myself with dignity courtesy, an	ormance of assigned duties.
standards.  • Discuss concerns and complaints with the	Volunteer Coordinator or my immediate supervisor.
<ul> <li>Attend required volunteer education programs.</li> <li>Adhere to the medical requirements of Levindale/Courtland.</li> </ul>	
-	dhering to the Volunteer Services Department dress code including wearing
Signature:	Date: