



4847 Fred Gladstone Drive
West Palm Beach, FL 33417
Phone (561) 687-5794 Fax (561) 640-3045
Facebook – Search MorseLife

VOLUNTEER APPLICATION (PLEASE PRINT & COMPLETE BOTH PAGES)

First Name _____ Last Name _____

Florida Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____ Do you regularly use email? _____ Yes _____ No

Date of Birth (required) _____

Second Address? ___ yes ___ no If yes, what months are you away? _____

Street _____ City _____ State _____ Zip _____

Phone _____

Name of School, College or University Currently Attending _____

In case of emergency please notify _____

Relationship _____ Phone _____

Are you retired? Yes _____ No _____ If no, where are you employed _____

What is, or was your profession? _____

Community affiliations or club/organization membership's _____

Please list any prior volunteer work experience _____

How did you find out about our volunteer opportunities? _____

Why do you want to volunteer? _____

Special skills, interests, hobbies, and languages _____

When can you begin volunteering? _____

How often would you want to volunteer? ___ 1x per week ___ 2x per week ___ 1x per month ___ Other

Days and times available ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun.

___ Mornings ___ Afternoons ___ Evenings ___ Weekends

Please check off any of the areas below that interest you

- | | |
|--|--|
| <input type="checkbox"/> Tradition Medical Office | <input type="checkbox"/> Religious Services (Fri. 2 pm/Sat. 10 am) |
| <input type="checkbox"/> Tradition Gift Shop | <input type="checkbox"/> Nearly New Shop – Sales Associate |
| <input type="checkbox"/> Escorting Residents Within the Center to | <input type="checkbox"/> Kosher Meals on Wheels Program |
| • Recreational Activities | <input type="checkbox"/> Meal Plating |
| • Physical Therapy | <input type="checkbox"/> Weekly calls to seniors for food orders |
| <input type="checkbox"/> Recreational Activities Assistance | <input type="checkbox"/> Weekly Meal Delivery to Homebound |
| • Bingo, Arts & Crafts, Casino | <input type="checkbox"/> Homebound Mitzvah Program for |
| • Discussion Groups | High Holidays & Passover |
| • Music Programs | • Meal Plating |
| <input type="checkbox"/> Morse Gift Shop (experience necessary) | • 1 Day Meal Delivery |
| <input type="checkbox"/> Answering Phones at Nursing Stations | <input type="checkbox"/> Cafeteria Assistance - Cashier |
| <input type="checkbox"/> Office work: Filing, Copying, Shredding, | <input type="checkbox"/> Visiting with Residents |
| Answering Phones, etc. | <input type="checkbox"/> Beauty Shop Transporting Assistance |
| <input type="checkbox"/> Adult Day Care Center Activity Assistance | <input type="checkbox"/> Pet Therapy (must be certified) |

Please describe any medical conditions or restrictions you have that might affect your ability to perform certain activities

Physician's name and phone number _____

REFERENCES (must not be a relative or spouse) & BACKGROUND SCREENING INFORMATION

1. Name _____ Phone #: _____

2. Name _____ Phone #: _____

MorseLife has my permission to contact references and do a background screening after I've been interviewed. My signature below commits me to upholding the center's rules of confidentiality and residents' rights. All your information will be kept confidential.

Signature of Applicant _____ Date _____

Signature of guardian if applicant is under 18 years of age _____

Relationship to applicant _____ Date _____

**Please bring your Drivers License and Social Security Card to the interview.
Copies are required for background screening.**

FOR AGENCY USE ONLY

Interviewer _____ Date _____ Approved _____

Comments _____

Date Entered in Volgistics _____ Dept. Placed _____ Date Started _____

Copy of Social Security Card _____ Copy of Drivers License _____

Background Screening Results _____