

Marilyn & Stanley M. Katz Seniors Campus
Morse Geriatric Center
4847 Fred Gladstone Drive
West Palm Beach, FL 33417
Phone (561) 687-5871 Fax (561) 683-4556

VOLUNTEER APPLICATION (PLEASE COMPLETE BOTH PAGES)

First Name _____ Last Name _____

Florida Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____ Date of Birth _____

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

Street _____ City _____ State _____ Zip _____

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/organizational memberships _____

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

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"/> Religious Services (Fri. 2 pm/Sat. 10 am) | <input type="checkbox"/> Share Shabbat with Homebound Seniors |
| <input type="checkbox"/> Resident Dining Room Assistance | <input type="checkbox"/> Nearly New Shop – Sales Associate |
| <input type="checkbox"/> Transporting Residents Within the Center to | <input type="checkbox"/> Kosher Meals on Wheels Program |
| • Recreation Activities | • Meal Plating |
| • Physical Therapy | • Weekly Meal Delivery to Homebound |
| <input type="checkbox"/> Recreational Activities Assistance | <input type="checkbox"/> Homebound Mitzvah Program for |
| • Bingo, Arts & Crafts, Casino | High Holidays & Passover |
| • Discussion Groups | • Meal Plating |
| • Music Programs | • 1 Day Meal Delivery |
| <input type="checkbox"/> Gift Shop (experience necessary) | <input type="checkbox"/> Cafeteria Assistance - Cashier |
| <input type="checkbox"/> Answering Phones at Nursing Stations | <input type="checkbox"/> Visiting with Residents |
| <input type="checkbox"/> Filing, Copying, Shredding, etc. | <input type="checkbox"/> Beauty Shop Assistance |
| <input type="checkbox"/> Adult Day Care Center Assistance | <input type="checkbox"/> Computer Data Entry |

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

Physician's name and phone number _____

PERSONAL REFERENCES (must not be a relative or spouse)

1. Name _____ Phone #: _____

2. Name _____ Phone #: _____

The Katz Seniors Campus has my permission to contact references. My signature below commits me to upholding the center's rules of confidentiality and residents' rights.

Signature of Applicant _____ Date _____

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

Relationship to applicant _____ Date _____

FOR AGENCY USE ONLY

Interviewer _____ Date _____ Approved _____

Comments _____

Date Entered in DVS _____ Entered in Raisers Edge _____ Status _____ Group _____ Dept. Placed _____

Drivers License Number _____ State _____