



Aurora House

A comfort care home for the dying and their loved ones

Volunteer Application

Name _____ Date _____

Address _____ Home phone _____

_____ Cell phone _____

e-mail _____

Emergency contact name _____ phone _____

Personal reference name _____ phone _____

Volunteer interest:

<input type="checkbox"/>	Cleaning	<input type="checkbox"/>	Event planning
<input type="checkbox"/>	Meal preparation	<input type="checkbox"/>	Public awareness
<input type="checkbox"/>	Lawn and garden	<input type="checkbox"/>	Graphic art
<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Clerical
<input type="checkbox"/>	Shopping	<input type="checkbox"/>	Playing music
<input type="checkbox"/>	Caregiving (please see below)	<input type="checkbox"/>	Other (specify)

Caregivers are provided training and the opportunity to shadow other experienced volunteers. We ask caregivers to commit to a minimum of one 4 hour shift per month. Some physical exertion (bending/reaching/lifting) is required.

What draws you to volunteer work at Aurora House? _____

Have you been arrested or convicted of a crime? Yes No
If yes, are you willing to discuss the circumstances with the director? _____

As a requirement of our insurance carrier, all volunteers are checked against the NYS Public Registry of Sex Offenders.

Confidentiality Agreement

As a matter of trust, Aurora House volunteers are asked to protect the privacy of our residents and their loved ones. This means you may only access the information that you need in order to perform your particular volunteer duty and may only share information with volunteers or staff members who need such information to provide compassionate, high quality care.

Confidentiality extends to the name of our residents and their loved ones, diagnosis, symptoms, treatments (past or present), family dynamics, financial situations, religious affiliation/beliefs, privileged conversations, and future arrangements.

Our duty to protect private information continues beyond the death of our residents. A breach of this trust would be considered a serious matter that could result in the termination of a volunteer position.

I have read, understand, and will abide by the Aurora House confidentiality agreement.

Date _____ Volunteer Signature (Parent must sign if <18 yrs old)

Volunteer Attestation

All statements provided in this volunteer application are true and complete to the best of my knowledge. Aurora House staff/volunteer coordinators may confirm the veracity of any statements made on this volunteer application. I understand that providing false or misleading information, even by omission, may disqualify me from holding a volunteer position with Aurora House.

Date _____ Volunteer Signature (Parent must sign if <18 yrs old)