



813 Marshall Rd

Rochester, NY 14624

<https://www.storyofhoperochester.com>

Please complete this questionnaire and return it to Story of Hope CCH for consideration as a volunteer. You may send it to our mailing address (P.O. Box 16141, Rochester, NY 14624 or attach it to an email to our Volunteer Coordinator at donna@storyhopehome.org.

Story of Hope Comfort Care Home is a 501(c)(3) organization located in Chiliandofferingend-of-life care to individuals who are in their last stage of life. We invite persons (over the age of 16) of any race or creed to volunteer at Story of Hope CCHin whatever capacity they have an interest in or talent for.

Upon receiving your application, you will be contacted to arrange an in-person or phone interview with our Volunteer Coordinator. All information on this form will be kept confidential and will assist us in finding the volunteer position best suited for you. Please note that, since we work with a sensitive population, we are required to perform a criminal background check. We will let you know how this will be done.

Volunteer Application Form

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer (if applicable) _____

Date of Birth: _____

Please list any skill, special interest or experience in a particular area that you would like us to consider when placing you in a particular position. _____

Here are some of the areas / positions we have a need for volunteers in. Please indicate the ones you would be most interested in.

Direct Care: physical care of residents to make them comfortable. Provide them with food,

Medications help to clean them. Talking,

- Office help (routine office tasks on a specific day of the week).
- Events (fundraising events, client get together, celebratory events).
- Fundraising (may involve telephone calls, writing thank you notes, or grant writing).
- Communications (writing copy for publications and fundraising messages. Social media experience appreciated). Need a website worker.
- Transportation: Car required. To provide family with a ride to visit patients.

Which days are preferable for you? __ Mon __ Tues __ Wed __ Thurs __ Fri __ Sat __ Sun

How many hours are you available per week? ____

Do you prefer: ____ Morning? ____ Afternoon? ____ Evening?

Please describe any physical limitations: _____

Emergency contact:

Name: _____

Phone: _____ Relationship: _____

Please provide the names and contact information of two personal references.

Name: _____

Telephone: _____

Relationship: _____

Name: _____

Telephone: _____

Relationship: _____

Liability Release:

As a volunteer of Story of Hope Rochester, I agree to abide by all policies. I understand that I volunteer at my own risk and neither Story of Hope CCH nor its employees assume any liability for any accidental injury or health issue that may arise as a result of any volunteer work I may perform for Story of Hope CCH. I agree that all work I do is on a volunteer basis, and I am not eligible to receive any monetary compensation or reward.

Signature: _____

Date: _____

Print Name: _____