



Please submit completed application to:  
 Chandler Hall Health Services  
 Attn: Volunteer Office  
 99 Barclay Street  
 Newtown, PA 18940  
 (215) 860-4000 ext. 2296  
 volunteers@ch.kendal.org

**PET THERAPY VOLUNTEER APPLICATION**

Referral Source:  Advertisement  Employee  Relative  Court Directed  
 Walk-In  Teacher  Friend  Other

Name of Source \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Preferred Method of Contact:  Home Phone  Cell Phone  Email

Would you prefer to receive the volunteer newsletter by email?  Yes  No

Are you currently employed?  Yes  No Occupation \_\_\_\_\_

May we contact you at work?  Yes  No If yes, work phone/best time to call \_\_\_\_\_

Please explain your interest in volunteering for Chandler Hall (attach separate page if needed):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

Have you ever filed a volunteer application here before?  Yes  No If so, when \_\_\_\_\_

Have you volunteered here before?  Yes  No If yes, give date: From \_ / \_ / \_ To \_ / \_ / \_

Please list any volunteer experience you have had in the last two years:

Name of Program/Organization	Type of Duties Performed	Date
1.		
2.		
3.		

**PET INFORMATION**

Type of pet:      Dog                    Cat                    Other: \_\_\_\_\_

Pet name: \_\_\_\_\_

Breed: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Weight: \_\_\_\_\_ Gender:  Male  Female

Spayed/Neutered  Yes  No Most recent Rabies Vaccination \_\_\_ / \_\_\_ / \_\_\_

Training/Obedience Classes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Therapy Dog Organization: \_\_\_\_\_

Date of certification: \_\_\_ / \_\_\_ / \_\_\_

Any past experience acting as a therapy pet:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach copies of current rabies certificate & therapy dog certification.

**SECOND PET INFORMATION (if applicable)**

Type of pet:      Dog                    Cat                    Other: \_\_\_\_\_

Pet name: \_\_\_\_\_

Breed: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Weight: \_\_\_\_\_ Gender:  Male  Female

Spayed/Neutered  Yes  No Most recent Rabies Vaccination \_\_\_ / \_\_\_ / \_\_\_

Training/Obedience Classes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Therapy Dog Organization: \_\_\_\_\_

Date of certification: \_\_\_ / \_\_\_ / \_\_\_

Any past experience acting as a therapy pet:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach copies of current rabies certificate & therapy dog certification.

**VOLUNTEER AVAILABILITY AND INTERESTS**

Most pet visit opportunities are 30 minutes - two hours at a time. If you miss two scheduled visits without cancelling, we cannot guarantee further volunteer opportunities. Please indicate the days and times you are available to volunteer in as much detail as possible:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Chandler Hall encourages a regular volunteering schedule. If there are dates you are unavailable to volunteer because of vacations or other commitments please list:

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At Chandler Hall we ask that our volunteers bring their own interests and abilities to their volunteer time. This adds both enrichment and diversity to the experience for our residents as well as enjoyment for our volunteers. Please indicate below those interests or skills that you and your pet would like to share with Chandler Hall.

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Please indicate in which area(s) of Chandler Hall you are interested in volunteering:

- Child Development    One-on-One with residents    Group Gatherings    Hospice

Type of volunteering desired:    Part Time    Seasonal

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**EDUCATION**

High School \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_

Other Education or specialized training \_\_\_\_\_

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**OTHER INFORMATION**

If you know of any other information that is necessary for us to have, please share it below. All information is strictly confidential.

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**PERSONAL REFERENCES**

Name	Relationship	Telephone	Address

Have you ever been convicted of or had a history of violent crime?     Yes     No

Have you ever been dismissed from volunteering due to abuse of clients or residents?     Yes     No

Have you ever been convicted of any felony or misdemeanor, including but not limited to: larceny, embezzlement, forgery or other similar crime involving a breach of trust or the unlawful taking or withholding of property belonging to another?     Yes     No

If you answered “yes” to any of the previous three questions, please explain, in your own words, on a separate piece of paper.

All applicants are required to submit to a criminal history report with their application. Conviction of one or more of the crimes listed in the Older Adult Protective Services Act will result in a denial to volunteer.

**POLICY ON TIPPING**

Chandler Hall values each and every volunteer member as an integral part of its quality team. There are team members who are visible on a daily basis and those who are never seen. However, everyone is needed to provide our services.

Volunteers are instructed to refuse any tip or other gift offered to them by a resident or any family member, including any gift of money or property made to a volunteer under a resident’s will. Acceptance of money or any other gift is in violation of this policy and will result in discharge.

I have read the aforementioned policy on tipping and gifts. Intending to be legally bound, I agree not to accept any tip or other gift made to me, including any gift of money or property made to me under a will or otherwise, from any resident or family member or any other person authorized to act on a resident’s behalf. If a resident makes a gift to me under a will or otherwise, I, intending to be legally bound, agree to disclaim the gift and to sign any documents which are necessary to effectuate the disclaimer.

I acknowledge that violation of this agreement will be grounds for immediate discharge.

Signature/Date \_\_\_\_\_

**PHOTO / VIDEO RELEASE**

I give Chandler Hall Health Services, a non-profit healthcare provider, my permission to take photographs and video recordings of me. These photographs and videos may be reproduced and used in promotional brochures, reports, and news releases. The photographs and videos can also be used for documentation and display purposes within the Volunteer Department and other areas of Chandler Hall Health Services. I hereby release and discharge Chandler Hall and its employees, agents, and representatives from any claims, liability, or results caused by the use of such photographs and videos.

Name \_\_\_\_\_

Signature/Date \_\_\_\_\_

**CONFIDENTIALITY POLICY**

Information concerning any resident’s identity, diagnosis, family problems or lifestyle is considered confidential and shall not be discussed or otherwise passed on to any individual outside of Chandler Hall.

I have read and understand the policy stated above. As a volunteer, I accept its provisions both while I am a volunteer and after I leave the volunteer program at Chandler Hall.

Signature/Date \_\_\_\_\_

In applying for a volunteer position at Chandler Hall, I certify that the above information is accurate and correct to the best of my knowledge. I understand that providing false information may disqualify me from further consideration as a volunteer or result in discharge if discovered at a later date.

I authorize Chandler Hall to investigate my record and obtain any and all information necessary for volunteer consideration.

Signature/Date \_\_\_\_\_

*Chandler Hall Health Services is a private, non-profit organization that provides a continuum of care which operates under the guidance of the Society of Friends (Quakers). Chandler Hall does not discriminate on the basis of race, creed, religion, color, national origin, ancestry, age, sex, sexual orientation or handicap.*

These signed forms will be maintained in each volunteer’s personnel file.



**Chandler Hall Conditional Volunteer**

The Older Adults Protective Services Act requires Chandler Hall to verify that prospective volunteers have not been convicted of a crime(s) as listed in Act 169. (A copy of the listed crimes is on the next page). Anyone convicted of one of these crimes is not eligible for volunteering at Chandler Hall.

Applicants are asked to complete the following information to assist Chandler Hall in meeting the requirements of the Older Adults Protective Services Act. This information will be kept on file.

I have \_\_\_/have not \_\_\_ been a resident of Pennsylvania for two or more years prior to the date of my application. I affirm that this is a true statement and that any false statements and/or omissions may be considered sufficient cause for dismissal.

The following information is required to request a criminal history check:

Name (include maiden and/or alias) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

I, \_\_\_\_\_ understand that a criminal history background clearance will be requested of the Pennsylvania State Police, or the FBI if I live out-of-state or have not resided in PA for the past two years, and that I have never been convicted of a crime that would prohibit my volunteering at Chandler Hall. I also understand that any offer of volunteering is conditional and continued volunteering is based upon information to be received from the appropriate criminal justice agency. If the clearance request indicates convictions for crimes that prohibit my volunteering under the Act, I understand that my volunteering must be terminated in compliance with state law.

Signature/Date \_\_\_\_\_

**OLDER ADULTS PROTECTIVE SERVICES ACT**

Prohibitive Offenses Contained in Act 109 of 1996 as Amended by Act 13

May 2011  
Dept. of Aging

Following Offenses as Contained in PA Crimes Code (18 Pa. C.S.)

Offense Code	Prohibitive Offense Description	Type/Grading of Conviction
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502B	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary Manslaughter	Any
CC2505	Causing or Aiding Suicide	Any
CC2506	Drug Delivery Resulting in Death	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CC3123	Involuntary Deviate Sexual Intercourse	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent Assault	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson and Related Offenses	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	<div style="border: 1px solid black; padding: 5px; text-align: center;">                     Any  <b>ONE (1) FELONY</b>                      or  <b>TWO (2)</b>  <b>MISDEMEANORS</b>                      within the 3900 Series                      (CC3901-CC3934)                 </div>
CC3921	Theft By Unlawful Taking	
CC3922	Theft By Deception	
CC3923	Theft By Extortion	
CC3924	Theft By Property Lost	
CC3925	Receiving Stolen Property	
CC3926	Theft of Services	
CC3927	Theft By Failure to Deposit	
CC3928	Unauthorized Use of a Motor Vehicle	
CC3929	Retail Theft	
CC3929.1	Library Theft	
CC3929.2	Unlawful Possession of Retail or Library Theft Instruments	
CC3929.3	Organized Retail Theft	
CC3930	Theft of Trade Secrets	
CC3931	Theft of Unpublished Dramas or Musicals	
CC3932	Theft of Leased Properties	
CC3933	Unlawful Use of a Computer	
CC3934	Theft From a Motor Vehicle	
CC4101	Forgery	Any
CC4114	Securing Execution of Documents by Deception	Any
CC4302	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a Child	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witnesses or Victims	Any
CC4953	Retaliation Against Witness or Victim	Any
CC5902B	Promoting Prostitution	Felony
CC5903C	Obscene or Other Sexual Materials to Minors	Any
CC5903D	Obscene or Other Sexual Materials	Any
CC6301	Corruption of Minors	Any
CC6312	Sexual Abuse of Children	Any

Offenses as Contained in PA Controlled Substance, Drug, Device & Cosmetic Act (P.L. 233, No. 64)-PARTIAL LISTING\*

Offense Code	Prohibitive Offense Descriptor	Type/Grading of Conviction
CS13A12	Acquisition of Controlled Substance by Fraud	Felony
CS13A14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to Deliver	Felony
CS13A35 (I), (II), (III)	Illegal Sale of Non-Controlled Substance	Felony
CS13A36	Designer Drugs	Felony
CS13Axx*	ANY OTHER FELONY DRUG CONVICTION APPEARING ON PA RAP SHEET	