



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

**VOLUNTEER APPLICATION
 For Volunteers 18 and Older**

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

Monthly Volunteer Newsletter delivery method: Email US Mail

Are you currently employed? Yes No Occupation _____

May we contact you at work? Yes No If yes, work number/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. | | |

VOLUNTEER AVAILABILITY AND INTERESTS

Most visit opportunities are 1 - 2 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:

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 would like to share with Chandler Hall.

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

- Group Gatherings
 - Clerical
 - One-on-One with Residents
 - Child Development
- (additional training and clearances required for child development volunteers)

EDUCATION

High School: _____

College: _____ Degree: _____

Other education or specialized training:

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.

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.

Name: _____

Signature & Date _____

PHOTOGRAPH AND 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 | Any |
| CC3921 | Theft By Unlawful Taking | Any ONE (1) FELONY or TWO (2) MISDEMEANORS within the 3900 Series (CC3901-CC3934) |
| 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. 04)-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 | |