

# Our Lady of Peace

Nursing Care Residence  
5285 Lewiston Road, Lewiston, NY 14092

## Volunteer Application

(This information is considered confidential)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home / work) \_\_\_\_\_ E-mail \_\_\_\_\_

### **A. In case of emergency, notify:**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

### **B. Background:**

Previous volunteer experience \_\_\_\_\_

Present or past work experience \_\_\_\_\_

Your special interests, hobbies or skills \_\_\_\_\_

### **C. Education**

Schools Attended \_\_\_\_\_

Special training \_\_\_\_\_

Is volunteer work a requirement for school credit \_\_\_\_\_

If yes, how many hours are needed? \_\_\_\_\_

### **D. Medical Assessment**

Every volunteer is required by state and federal law to have a current medical assessment on file in the Employee Health Office. Arrangements for this assessment will be made by the employee health office. It can also be done by your personal physician.

**E. Volunteer Service Placement**

1. What day(s) would you be able to volunteer? Please circle day(s).

**Sunday   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday**

2. What time do you prefer to work?   **Morning   Afternoon   Evening**

3. What type of volunteer service would you like to do?

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

**F. References:** (This area must be completed with name & phone numbers)

1. \_\_\_\_\_

2. \_\_\_\_\_

**G. Have you ever been convicted of a crime?** \_\_\_\_\_

***I understand that my acceptance into the Volunteer Program is dependent upon my interview, medical assessment and references.***

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mission Statement**

Our Lady of Peace Nursing Care Residence, a member of Mount St. Mary's Hospital and Health Center is a Catholic rehabilitation and long term care facility rooted in faith and providing high quality care modeled on the loving ministry of Jesus as healer, comforter and friend.

Our Mission is to provide spiritually centered care to all those individuals in need of our service, always respecting their uniqueness, faith and human dignity.

We are dedicated to providing presence, encouragement and compassion to residents, family members and all working for the betterment of those in our care.

Our Mission compels us to create a pleasant, safe and home-like caring environment, providing a full range of services to enable persons to reach their fullest potential.

Our Lady of Peace Nursing Care Residence accepts its leadership role in providing for the future health and well being of all those whom we have the privilege of serving.

***We are called to:***

**Service of the Poor   Reverence   Integrity   Wisdom   Creativity   Dedication**

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For office use only:

Application rec'd \_\_\_\_\_ Medical completed \_\_\_\_\_

References: 1) \_\_\_\_\_ 2.) \_\_\_\_\_

Interview...by \_\_\_\_\_ date \_\_\_\_\_

Volunteer Assignment: \_\_\_\_\_ Start Date \_\_\_\_\_