

Sunset Nursing and Rehabilitation Center, Inc.

232 Academy Street

Boonville, New York 13309

**Volunteer Application**

**Personal Information:**

Name:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Volunteer / Employment History:**

List below your work experience, starting with your present or last place of employment.

Date Employed	Name & Address of Employer	Name of Supervisor	Position(s) Held
From _____ To _____			Start _____ Finish _____
From _____ To _____			Start _____ Finish _____

From _____ To _____			Start _____ Finish _____
From _____ To _____			Start _____ Finish _____
From _____ To _____			Start _____ Finish _____

May we contact your present employer at this time? **Yes** **No**

Have you ever had a non-criminal finding of abuse, neglect or misappropriation of resident funds sustained against you? **Yes** **No**

Is there currently a non-criminal ongoing investigation of abuse, neglect or misappropriation of resident property that involves you? **Yes** **No**

Have you ever been convicted of crime? **Yes** **No**  
If "Yes", please explain. (A conviction record will not necessarily be a bar to employment)

Have you ever been convicted of a sex-related or child-abuse related offense? **Yes** **No**  
If "Yes", please explain. (A conviction record will not necessarily be a bar to employment)

**Education:**

Highest Grade Completed:      6 7 8 9 10 11 12      College:    1 2 3  
4

Vocational / Trade School:

\_\_\_\_\_

**Volunteer Specifics:**

How did you learn about volunteer opportunities at Sunset?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why would you like to  
volunteer?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any particular skills, talents or interests you would enjoying sharing?

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What other organizations have you volunteered for?

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Can you describe your previous work, volunteer or personal experience with the elderly and/or handicapped population?

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Additional Comments:

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Signature: \_\_\_\_\_  
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Date: