



WESLEY ENHANCED LIVING®

Volunteer Application Form

Wesley Enhanced Living requests the following information because of our dedication and commitment to the residents we serve. This information is confidential and for internal use only. Thank you for your time in completing this application which serves as the first step in the volunteer intake process. Please print.

PERSONAL:

Name: _____

Address: _____

Phone: (Home) _____ (Cell) _____ Male: ____ Female: ____

E-Mail: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

If under 18 years of age: Parent Name: _____

Parent Contact Information: Phone: _____ E-Mail _____

Do you have any disabilities or health concerns that we should be aware of or that might need accommodation? Please explain below.

EMPLOYMENT BACKGROUND:

What is your occupation? _____

Present or most recent employer: _____

No. of years with this employer: _____

EDUCATIONAL BACKGROUND:

SKILLS and EXPERIENCE:

Have you ever worked as a volunteer before? Please provide a brief description.

What did you like *most* about your volunteer experience?

What did you like *least* about your volunteer work?

Have you ever volunteered or been employed helping older adults?

Things I do well and would like to share: (i.e., music, gardening, crafts, art, foreign languages, cooking, storytelling, listening, organizing, group leader, office assistant).

Do you prefer working with individuals, small groups, large groups, special events, activities and/or indirect contact such as office? Check those you may be interested in, *then*, write your first choice: _____

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> One-on-One | <input type="checkbox"/> Special Events | <input type="checkbox"/> Office Work |
| <input type="checkbox"/> Small Group Leadership | <input type="checkbox"/> Entertainment/Performance | <input type="checkbox"/> Facility |
| <input type="checkbox"/> Large Group Leadership | <input type="checkbox"/> As needed/on call | <input type="checkbox"/> Other _____ |

AVAILABILITY:

Times you wish to volunteer:

- Weekdays Weeknights Weekend days Weekend evenings

How often would you like to volunteer?

- More than once per week Weekly Once every 2 weeks Monthly

Other (specify) _____

Do you have a time limit on your commitment?

- 1 month 3-6 months 6 months-1 year indefinite

When will you be available to begin your volunteer service? (Provide the date if possible)

OTHER:

How did you hear about volunteering at Wesley Enhanced Living?

Do you have any relatives living or employed at Wesley Enhanced Living?
Please provide name and location.

CRIMINAL BACKGROUND:

Have you ever pleaded guilty, no contest to or been convicted of a crime? yes no

If yes, please provide details/dates

REFERENCES:

Please provide the names and phone numbers of three (3) personal references who are not related to you (employer, professional colleague, teacher, etc.).

<u>Name</u>	<u>Phone Number</u>	<u>E-mail</u>	<u>Relationship</u>
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1.)

2.)

3.)

I certify that the information provided in order to serve in a volunteer capacity at Wesley Enhanced Living is true, complete and accurate.

Signature

Date

Please return completed application to the:
HR Manager at Wesley Enhanced Living:

Burholme Doylestown Pennypack Park Stapeley Upper Moreland

(Circle one)



Release for Background Check

In compliance with applicable law and regulation, and in connection with my application as a prospective volunteer/intern I understand that such inquiries from federal, state and other agencies related to my criminal history background are being made. I also understand that PA Health and Human Services may check my name for the State Central Registries of Adult Abuse/Neglect, and the Sex Offender's Registry. My volunteer approval is contingent upon successful report results.

Personal data requested below is held strictly confidential and will not be disclosed or used for any purpose except to complete accurate background reports.

Check One:

_____ I am an "In-State Resident" (person who is a resident of Pennsylvania now and has been continuously for the two years prior to employment at Wesley Enhanced Living).

_____ I am an "Out-of-State Resident" (person who has not been a Pennsylvania resident continuously for the two years prior to employment at Wesley Enhanced Living). **

Print full Name: _____ Sex: M F (circle one)

Print any other used name, including maiden and/or alias given: _____

Current home street address: _____

City, State and Zip Code: _____ County: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Driver's license number: _____ State of issue: _____

I understand that as an Out-of-state resident, in addition to the Pennsylvania criminal records check, I am also required to have an FBI background check completed.

I authorize, without reservation, and release from all liability as appropriate, any party or agency to furnish the information described above when contacted by Wesley Enhanced Living.

My signature below indicates that I have read, understand and agree to the following authorization for a background check.

Signature: _____ Date: _____ / _____ / _____

** Please complete the Federal Background form to apply for the FBI Criminal Background Check



Federal Background Check

As required by the Older Adults Protective Services Act (OAPSA) applicants/employees of specific facilities or agencies who have **NOT** been a resident of the Commonwealth of Pennsylvania for the last two years must obtain criminal history record information reports from both the Pennsylvania State Police and the Federal Bureau of Investigation.

The Process:

1. Complete this questionnaire: (Print Clearly)

First Name: _____ Last Name: _____ Sex: M F

Race: _____ Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Date of Birth: _____ Place of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Country of Citizenship: _____

Phone #: _____ E-mail Address: _____

2. HR will register you with Cogent Systems no later than _____.
3. Once registered, HR will forward you a confirmation page via email confirming the registration and providing you with a Registration ID. You must print this confirmation page out and bring it with you to the fingerprinting site.
4. You will then be required to select a fingerprint site - there are a number of fingerprint service sites established across the State. To find a site near you, visit www.pa.cogentid.com.
5. What one needs to bring to the fingerprint site - You must bring your confirmation page with your Registration ID listed. At the fingerprint site you will be asked to produce a qualified State or Federal photo ID before processing may begin. Please go to www.pa.cogentid.com for approved ID types.
6. The scanned fingerprints will be electronically transmitted to the FBI and then the PA Department of Aging will receive the federal criminal history background check results from the FBI. The results will be analyzed to determine if any convictions listed would prohibit the applicant/employee from being employed. The PA Department of Aging will send employment determination letters to the facility/agency and applicant.
7. The results of the FBI Criminal Background Check must be received by WEL within 90-days of employment. While we may offer you a position based on the results of the PA State Police Criminal Record Check, it is your responsibility to have started the federal background check process and assure that the results are received within the first 90-days of employment. Wesley Enhanced Living reserves the right to terminate the employment relationship for failure to complete the FBI background check or if the results prohibit employment based on the Older Adults Protective Services Act.
8. Please keep the HR Department informed of the status of the process.

Signature: _____ Date: _____ / _____ / _____