HOUSE OF JOHN | HANDS-ON VOLUNTEER APPLICATION

14 Spring Street • Clifton Springs, NY 14432 | (315) 462-5646 | house@houseofjohn.org

Welcome to the House of John family!

Thank you for considering sharing your time and compassion with our residents and families. Our volunteers help make this house a home. No previous medical experience is required; we provide training and support. This application helps us get to know you and explore whether this hands-on role is a good fit.

ABOUT YOU

Name: _____

Street address: _____

City / State / ZIP: _____

Preferred phone: _____

Email: _____

Preferred way to contact you: ☐ Phone ☐ Text ☐ Email

GETTING TO KNOW YOU

What inspired you to volunteer at the House of John?

_____

_____

What interests, skills, or experiences would you enjoy sharing with residents and families?

_____

_____

What does compassionate end-of-life care mean to you?

_____

_____

EMPLOYMENT HISTORY:

CURRENT EMPLOYER & JOB TITLE:

_____

PAST EMPLOYMENT & JOB TITLE:

_____

YOUR AVAILABILITY

Days generally available: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Preferred times: ☐ 8 am–noon ☐ Noon–4 pm ☐ 4–8 pm ☐ 8 pm–midnight ☐ Overnight

Frequency: ☐ Weekly ☐ Every other week ☐ 1–2 shifts/month ☐ Flexible

Other scheduling notes: _____

HANDS-ON CARE & READINESS

With training and within House of John policies, volunteers may provide companionship, support families, assist with personal care, toileting, changing linens, repositioning, meals, and light household tasks. Some duties involve standing, bending, and helping residents move safely. Volunteers follow staff guidance and do not perform tasks outside their training or authorized role.

After reviewing these responsibilities, can you perform the essential duties with or without reasonable accommodation? ☐ Yes ☐ I would like to discuss this

Is there anything about caring for residents nearing the end of life that you would like to ask or discuss privately? (Optional)

_____

OCCASIONAL ERRANDS USING YOUR OWN VEHICLE

Would you be willing to use your personal vehicle for occasional approved grocery or supply errands? ☐ Yes ☐ No ☐ Would like to discuss

If yes: Do you hold a current valid driver's license? ☐ Yes ☐ No

Do you maintain automobile insurance as required by New York State? ☐ Yes ☐ No

Driving is subject to separate verification, applicable House policies, and insurance approval. You will not be asked to provide license numbers or insurance documents on this application.

REFERENCES

Please provide two people who are not relatives and may speak to your dependability, character, or experience. We will contact them as part of our selection process.

1. Name: _____ Relationship: _____

   Phone: _____ Email: _____

2. Name: _____ Relationship: _____

   Phone: _____ Email: _____

NEXT STEPS & ACKNOWLEDGMENT

Volunteer placement is subject to an interview, references, required screening, orientation, training, and demonstration of skills appropriate to assigned duties. Any background-check notice or authorization will be provided separately. Information on this application is used for volunteer selection and placement and shared only with authorized individuals who need it for that purpose.

I certify that the information I provided is accurate to the best of my knowledge. I understand that submitting this application does not guarantee placement.

Signature: _____ Date: _____

How did you hear about House of John? _____

Thank you for your willingness to care. We look forward to getting to know you!