



CYPRESS GLEN

— SENIOR LIVING —

Volunteer Application

Applicant's Name _____ Email: _____

Address:

City: _____ State: _____ Zip: _____ Phone: _____

NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____
EMPLOYMENT/VOLUNTEER EXPERIENCE

Employer: _____ Position: _____

From: _____ To: _____

Employer: _____ Position: _____

From: _____ To: _____

HOBBIES, SKILLS, TALENTS, SPECIAL INTERESTS, SPECIAL TRAINING- List anything that may be applicable to this community—i.e. musical talents, sports involvement, artistic talents, knitting.

Have you ever been arrested? Yes No

If yes, explain _____

I understand Cypress Glen Retirement community will check my name on the Health Care Personnel Registry and the Office of Inspector General website as required under the guidelines of their Corporate Compliance Program. These websites list anyone who has a listing of abuse, neglect or Medicare fraud and names listed would not be eligible for volunteer services at Cypress Glen Retirement Community.

Signature of Applicant _____ Date _____

Signature of Volunteer Coordinator _____ Date _____