



Charlotte Hall Veterans Home

29449 Charlotte Hall Road

Charlotte Hall, MD 20622

301-884-8171

www.charhall.org

Group Volunteer Application

This application is for groups only. Once you submit this application, the Director of Volunteer Services and Community Outreach will contact you regarding your approval and upcoming orientations.

GROUP INFORMATION

Group/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Website: _____

Please describe your group and its focus: _____

Approximate number of: Adult Participants: ____ Youth Participants: ____ / (age range: _____)

If your group will serve more than once, you will usually send:

The same volunteers each time Different volunteers each time

Have you volunteered for the Charlotte Hall Veteran's Home before: _____ Yes _____ No

If yes, what did you do: _____

Why is your group interested in volunteering at the Charlotte Hall Veteran's Home? _____

Please explain any special talents, interests, abilities, hobbies, and skills your group may have and be willing to share.

How did you hear about this volunteer opportunity? _____

Would you like to receive notifications about volunteer opportunities as they become available? ____ Yes ____ No

GROUP CONTACT PERSON - (Must be at least 18 years of age)

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell or Work Phone: _____

Email Address: _____

Preferred Method of Contact: _____

Secondary Contact Name (Optional): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell or Work Phone: _____

Email Address: _____

Preferred Method of Contact: _____

VOLUNTEER PREFERENCES

AVAILABILITY – When are you available to volunteer? (Check at least one, or as many as are applicable)			
<input type="checkbox"/> One Time	<input type="checkbox"/> Short Term	<input type="checkbox"/> Long Term	<input type="checkbox"/> As Needed
<input type="checkbox"/> Once a Week	<input type="checkbox"/> Twice a Week	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Once a Month
<input type="checkbox"/> Once a Year	<input type="checkbox"/> Holidays	<input type="checkbox"/> Special Events	<input type="checkbox"/> Summer Months

AVAILABILITY – Please check which day(s) and hours are you available to volunteer?							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

IF you are requesting to volunteer for a **one-time** project, please indicate the following:

Request Date(s) for volunteer project: _____ from _____ AM/PM to _____ AM/PM

Alternate Date & Time: _____ from _____ AM/PM to _____ AM/PM

VOLUNTEER ACTIVITIES OF POSSIBLE INTEREST – (Mark all that apply)

RECREATION

<input type="checkbox"/> Assist with Group Activities	<input type="checkbox"/> Musical Performances	<input type="checkbox"/> Exercise	<input type="checkbox"/> Go for Walks with Resident	<input type="checkbox"/> Birthday Parties
<input type="checkbox"/> Bingo	<input type="checkbox"/> Theater Performances	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Photography	<input type="checkbox"/> Gardening
<input type="checkbox"/> Conduct Group Discussions	<input type="checkbox"/> Dance Performances	<input type="checkbox"/> Play Board Games	<input type="checkbox"/> Current Events	<input type="checkbox"/> Computer Instruction
<input type="checkbox"/> Play Cards	<input type="checkbox"/> Miscellaneous Performances	<input type="checkbox"/> Trivia	<input type="checkbox"/> Cooking/Baking	<input type="checkbox"/> Other _____

Personal Services

<input type="checkbox"/> One on One Visits	<input type="checkbox"/> Write Letters/ Send Cards	<input type="checkbox"/> Escorting Residents	<input type="checkbox"/> Pet Therapy	<input type="checkbox"/> Other _____
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Miscellaneous Services

<input type="checkbox"/> Assist in Dining Room	<input type="checkbox"/> Cleaning Indoors	<input type="checkbox"/> Yard Work/ Outdoor Work	<input type="checkbox"/> Oral History Project	<input type="checkbox"/> Library Aide
<input type="checkbox"/> Mending/ Sewing	<input type="checkbox"/> Decorate for Holidays /Seasons	<input type="checkbox"/> Assist in Commander's Closet	<input type="checkbox"/> General Office Duties	<input type="checkbox"/> Other _____

Please read the following statement and indicate agreement at the end of the statement by signing.

I agree to respect the confidentiality of residents and their treatment, by maintaining confidentiality of resident's information at all times, both on and off duty. I understand that a violation of this privacy act by any group member may result in dismissal of my group.

The sponsoring organization shall be responsible at all times for the actions, character, control, supervision and conduct of the group volunteers.

The sponsoring organization understands that any volunteer's conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize the public trust in the Charlotte Hall Veteran's Home shall result in removal of the group from volunteer activities.

I acknowledge that volunteer photographs may be taken for possible use in: news releases, internal publications, and promotional materials.

If volunteers are under the age of 18 they must be accompanied by an individual over the age of 18 who is part of the same organization/group. It is the responsibility of the group to obtain parental consent group members under the age of 18.

I certify that the answers given are true and complete to the best of my knowledge and I agree to the above.

(Signature of Applicant/Group Representative)

(Date)

PLEASE RETURN COMPLETED FORM VIA EMAIL OR FAX TO:

Ashley Radano, Director of Volunteer/Community Outreach

Charlotte Hall Veteran's Home

29449 Charlotte Hall Road

Charlotte Hall, MD 20622

aradano@hmrmd.com

Fax: 301-263-7177, Phone: 301-884-8171, ext. 664

FOR OFFICE USE ONLY:

Date Received: _____

Volunteer Group Selected: _____

Volunteer Shift(s): _____

Confirmed Volunteer Shift with Group Contact: _____

Entered into Database: _____

Additional Follow-Up: _____
