Teresa House Volunteer Application

Thank you for your interest in joining our family of volunteers at Teresa House. We are a two bed comfort care home for people who are in the last stages of life due to a terminal disease. We become an extended family bringing physical, emotional and spiritual care to our residents and their families as they journey toward the end of this life.

All volunteer care givers are asked to perform a wide spectrum of duties which include: physical and emotional care of the residents and their families; reading or watching TV with the residents; preparing small meals; giving medications; and answering phones. Some volunteers bring their gifts of fund raising and clerical skills. We work together as a team and the house runs quite smoothly. Each person brings their own special qualities and gifts to give the best of everything to all those who visit Teresa House whether it is the residents, their families, or the other volunteers.

One of our main goals is to provide continuity of care. It takes 70 volunteers a week to keep the house running. Ideally we would like each volunteer to donate four hours a week, however any time would be greatly appreciated. We always have a special need on weekends and evenings. All new volunteers will be partnered with a seasoned volunteer. There is always a nurse on call for any questions or concerns that you may have.

Please fill out the application and return it to Teresa House via email (office@teresahouse.org), in person, or by mail. We will then set up a time for orientation class, which includes a tour of the house and talk about how we can best fit into your schedule.

It is a blessing to care for people during this time in their lives. They have so much to teach us about living life to the fullest. You will be much richer for the experience.

Thank you so much for your willingness to share yourself with all of us.

Name		Sex: Female	Male			
Address:		Date of Birth:/				
City:	Zip:	E-mail:				
Home Phone #	Work Phone #	Cell Phone # Preser				
Occupation and/or Em	nployer:					
In case of emergency v	whom should we contact?:					
Name:	Relationship:	Phone #				
Please list the name a	nd phone number of two refer	rences:				
1						

Have you worked as a volunteer before? If yes, who	ere?					
Where did you hear about Teresa House?						
Did you see any ads seeking volunteers? If yes, wh	nere?					
What losses have you experienced in your life? Wh	ien?					
Do you have any physical limitations that we shoul	ld know ab	out? If	yes, wha	ıt are the	y?	
Do you have any licenses? (List all that apply)	RN	LPN	CNA	EMT	СННА	
Are you are a College student? Yes No If yes, when do you graduate? (Month/Year)	·					N
Please share a little about yourself: Family, interes				1e #		
How did you learn about Teresa House's need for v	olunteers?	Social	media, f	riend, po	ster,	
newspaper, Penny Saver, yard sign, other						
Our greatest area of is Resident Care. Are you inte	rested in R	Residen ⁻	t Care?	Yes	No	
Please list your preferred shift times & days (7am-11am, 8a	am-12pm, 11am	ı-3pm, 12pr	m-4pm, 3pm-7	7pm, 4pm-7pr	n, 7pm-11pm)	
Please review these additional volunteer opportuni	ities and lis	st any t	that inter	est you!		
	lerical Work	•	Cleaning	· ·	ing	
Please return this application via Teresa House, Nur 21 Highland Road, G	rsing Superv	risor	ı person to:	:		
Phone: 585-243-1978 Fax: 585-24	43-3793	Office@te	resahouse.or	<u>.g</u>		
For Teresa House Staff Use Only:				Re	evised 1/30/2024	
References Called Rolodex Card Phone Tree Confide	Nameta	ag	AttendedFolde	er		
Background Check Completed	muanty Agreen	ment				

Notes: