



Dear Prospective Volunteer:

Thank you for your interest in our volunteer program at Christian City. Please complete the volunteer application and return to me via email or regular mail. Please use black ink only.

Volunteer requirements are as follows:

- Applicant must be 18 years of age
- Volunteer Application, Background Check, and Consent form
- A copy of your Driver's License or State I.D
- Complete a 4.5-hour orientation class- this consists of Christian City's history, Dementia and Alzheimer's education, Infection Control, Abuse Prevention and Reporting, Safety, HIPA, our Mission Statement, Resident Rights, Policy and Procedures, and a campus tour.
- An Initial Two-step TB Screening (PPD shot)
- Annual TB Screening and Medical Questionnaire Updates
- Good interpersonal communication skills
- Willingness to be coached and educated

The application process takes 3-4 weeks. I will contact you when all is complete to schedule you for the next orientation date. Volunteer orientation is usually on a Tuesday or Wednesday of each month, 12:00 to 4:30 p.m.

If you belong to a civic organization or church group that would be interested in providing a project for our residents, please contact me two weeks in advance of your requested date. Group projects are exempt of the individual volunteer requirements listed above.

Please feel free to contact me with any questions. Thanks again for your interest in volunteering at Christian City. I look forward to meeting you soon!

Sincerely,

Connie R. Hall

Volunteer Coordinator
Christian City
7300 Lester Road
Union City, GA 30291
770-964-3301
chall@christian-city.org

Volunteer Application (Adult)

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons

Interests

Tell us in which areas you are interested in volunteering

- Spiritual Care
 Clerical
 Life Enrichment/Activities
 Library
 Goodie House Food Pantry
 Facilities Management
 Graceland Thrift Store
 Dining Services

Reference (other than family)

Name	
Relationship	
Phone	
E-Mail Address	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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List any medications or special medical condition(s):

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

May we add your name to our mailing list? (Circle) YES NO

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Volunteer Applicant's Signature

Name (printed)	
Signature	
Date	

Volunteer Coordinator's Signature

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering at Christian City.

**Mail to: Connie Hall, Volunteer Coordinator, Christian City, Inc.
7300 Lester Road, Union City, Georgia 30291 (770) 964-3301
www.christiancity.org**