



11959 Apple Valley Road • Apple Valley, CA 92308 • Phone: (760) 240-5051 • Fax: (760) 240-8150

## VOLUNTEER APPLICATION

(Please complete this Application and return to: Sara Prieto, Volunteer Director at the address or fax above)

Apple Valley Christian Care Center is a not-for-profit company providing skilled nursing services to Seniors in the High Desert area of Southern California. Since the beginning, our mission has been to help seniors live with dignity while adapting to life's changes. We provide a wide range of care services adapted to each resident's unique needs. We provide residential long term care and rehabilitation short term health care services in a professional and compassionate Christian Care manner. Apple Valley Christian Care Center is a wholesome, Christian home of love and respect for people from all walks of life.

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Notify in Case of Emergency

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Employment/School/Volunteer Experience

Employer/School: \_\_\_\_\_

Position/Grade: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Volunteer Experience/Professional Affiliations and Civic Organizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## Tuberculosis Test Screening

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Apple Valley Christian Care Center Requires that ALL Employees and Volunteers participate in Screening for Tuberculosis according to local State and Federal Guidelines. An annual screening is required. If you have had to recently undergo a Tuberculosis Test, please provide us a copy of your vaccination record indicating that your test was negative, and it must have been issued within the past year.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer Signature)

<b>MINORS UNDER THE AGE OF 18 YEARS OF AGE</b>
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If you are a **minor under the age of 18 years of age**, you will need your Parent/Legal Guardian to authorize approval for the Apple Valley Christian Care Center to administer the Tuberculosis Screen Test.

<b>Parent/Legal Guardian Authorization for Tuberculosis Screen Test</b>
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Apple Valley Christian Care Center is authorized to administer the required Tuberculosis Screening Test to \_\_\_\_\_.  
(Minors Name)

I am the Parent/Legal Guardian of the above noted minor, and my approval and consent is being given by signing this authorization.

\_\_\_\_\_  
(Print Parent/Legal Guardian Name)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature Parent/Legal Guardian)



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## VOLUNTEER CONFIDENTIALITY STATEMENT

I \_\_\_\_\_, hereby agree to regard all information received in the  
(Print Name of Volunteer)

performance of my volunteer work at the Apple Valley Christian Care Center as confidential.

I understand that the Apple Valley Christian Care Center respects resident's rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and keep "professional" confidentiality in all my statements outside the facility.

I agree to respect resident's rights to privacy, as well as, those of the family and the Apple Valley Christian Care Center whenever I make community presentations or participate in volunteer recruitment programs. The content of these presentations will be approved in advance by the Director of Volunteers or a Department Manager.

**I fully understand the PRIVACY and CONFIDENTIALITY  
REQUIREMENT as a volunteer by acknowledging and signing this  
statement.**

\_\_\_\_\_  
(Signature of Volunteer)

Date: \_\_\_\_\_

\_\_\_\_\_  
Sara Prieto Volunteer Director

Date: \_\_\_\_\_