

2019 Bethel Health and Rehabilitation Center Summer
Volunteer Application

NAME: _____ TELEPHONE: _____

ADDRESS: _____

Parent/Guardian Name: _____ (Work Phone): _____

Emergency Contacts other than Parent/Guardian: (In the event of an emergency situation we will make every effort to contact your Parent/Guardian. If we are unsuccessful please list two names of people we may contact:

1)NAME: _____ TELEPHONE: _____

2)NAME: _____ TELEPHONE: _____

Days & Times Available: (check three in the order of priority: "1", "2", "3".

___ Monday 1:00pm-3:00pm; Working as a Physical Therapy Department transport only.

___ Tuesday and Thursday 1:00pm – 4:00pm.

___ Wednesday 1:00pm-4:00pm.

___ Friday 9:00am-11:30am (Working as Physical Therapy Transporter only).

___ Friday 1:00pm-4:00pm.

Due to the busy morning hours, volunteers are not allowed to be in the facility prior to 9:00am. Saturday, Sunday, and evenings are unavailable at this time.

Interests: (Please Check:)

OFFICE: ___ typing/filing
 ___ secretarial skills

DIETARY: ___ deliver menus
 ___ fold napkins

LAUNDRY: ___ fold clothing

MAINTENANCE: ___ sweeping/raking
 ___ odd jobs

RECREATION: ___ deliver books/mail ___ hand massages/manicures
 ___ book cart
 ___ activity assistant ___ decorating/arts& Crafts
 ___ private reading ___ religious service aide
 ___ friendly visitor ___ water plants/gardening
 ___ outdoor walks/rides ___ filing/secretarial/computer work
TRANSPORTER:** ___ to therapy transporter* ___ Humor/Curiosity

Cart

**indicates the position most in demand*

Vacation: Please indicate the times you will not be available to work:

Please note: Candy Stripe Program runs from Wednesday July 3- Friday, August 23, 2019.

Please mail the completed application (with signed Parental/Guardian signature) to:

Dana Dinho, Bethel Health Care Center, 13 Parklawn Drive, Bethel, CT. 06801.