

**BETHEL HEALTH CARE CENTER**

**Who.....**Volunteers must be 12 years or older. Any volunteer under 18 years of age must have parental (guardian) written permission to participate.

**When.....**Wednesday , July 3, 2019-Friday, Aug. 23, 2019.  
Volunteers may choose to work a two or three day work week.  
Volunteers may choose to work a 2.5 or 3-hour shift.

**Where.....**Bethel Health and Rehabilitation Center, 13 Parklawn Drive, Bethel, CT. 06801 Located in the Berkshire Corporate Park.

**Orientation.....** Monday, July 1<sup>st</sup> , 2019 (Mandatory Orientation).  
(9:00am-11:30am).

**Purpose.....** To provide young adults in the community an opportunity to Experience a variety of positions in the health care field.

**How can I sign up?** Mail or bring it to Bethel Health Care Center.  
Volunteers will be accepted based upon interest, availability, and commitment.  
Telephone Bethel Health and Rehabilitation Center (203-830-4180 Ext. 343) by Wednesday, June 26 ,2019 to confirm you will attend the orientation. (It is not necessary that the adult attend the orientation but must be present to complete the required paperwork).

**Requirements.....** No volunteer may begin working without an orientation. A Parental Permission form must be completed prior to working. All volunteers must have a PPD Skin Test done prior to working or present a doctor’s note that one was given within a one year period of the first day the volunteer begins to work.  
(PPD tests are given at our facility free of charge during orientation upon signed permission from a parent).  
All volunteers must return to the facility to have the TB test read by a nurse on Wednesday, July 3<sup>rd</sup> , 2019

Volunteers are asked to make a commitment to the hours they agree to work. Please submit written vacation/days off on this original application. Residents and staff depend on their visits. Volunteer hours may apply to the community service, school requirements, religious service requirements, Scout requirements, etc...

**A letter of recommendation and total number of hours worked is available upon written request. (Please allow on week notice)**  
**All students may be dropped off no earlier than 9:00am and leave no later than 3:00 pm.**

**PARENTAL SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If your child has special needs, please attach a note stating how we can best work with him/her.*

**JOIN US!! VOLUNTEERING IS A GREAT WAY TO ENRICH THE LIVES OF OTHERS!**