



# Shepherd Home Comfort Care Volunteer Application

A non-profit, community organization committed to providing comprehensive and compassionate care to the terminally ill and their families in a home-like atmosphere.

Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Present occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Shepherd Home?

Why would you like to volunteer at Shepherd Home? \_\_\_\_\_

Have you worked as a volunteer before? (please circle one) YES NO

Where? \_\_\_\_\_

Do you have any experience with the death of someone close to you? (please circle one) YES NO

Do you have any concerns, fears or apprehensions concerning dealing with the terminally ill or their family?

What skills do you feel you would bring to Shepherd Home Comfort Care? \_\_\_\_\_

Please check the components of a Shepherd Home Comfort Care volunteer that you would be interested in:

(Check all that apply)

Resident Care/Companion       Housekeeping       Office/Clerical/Fundraising

Groundskeeping/Maintenance/Gardening

Do you have any health problems or physical limitations that would restrict the work that you can do?

If so, explain: \_\_\_\_\_

You may be required to lift more than 50 lbs. during your shift. Do you have or have you ever had a back problem?

(please circle one) YES NO

Are you able to commit to a 4-hour time shift once every week? (please circle one) YES NO MAYBE

Can you volunteer on weekends and/or major holidays? (please circle one) YES NO

Will you allow a background check with the local and state police? (please circle one) YES NO

Have you been vaccinated for COVID-19? (please circle one) YES NO \_\_\_\_\_

Please list two reference (non-family) that we can contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_



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## CONFIDENTIALITY

By the nature of our duties as employees and volunteers, providing assistance to residents of our home, we have access to highly sensitive information concerning the residents and their families. The following guidelines will assist us in maintaining their confidentiality in a respectful manner:

- Never use a resident's name outside Shepherd Home.
- Any information about the resident should be confined to conversation inside Shepherd Home.
- Never give our resident status or other information to anyone on the phone unless you are certain that the caller is a family member. Please refer questionable calls to the nurse on call.
- Always be discreet about what you tell anyone on the phone as there will be times when the resident and/or families are not aware of changes in status or imminent conditions. Again, always defer to the nurse on call if you are unsure.
- The resident may also not want certain people to know specific information. Check with the resident or nurse on call if there is the slightest doubt.
- Remember – it is not up to us to make decisions for the resident. Always check with the resident concerning phone calls or visits. This allows the resident to decide. This is the resident's home now, and we afford them the right to control their life.

I have read and understand this policy and will abide by these guidelines, either while I am an employee or volunteer of Shepherd Home, and even after I leave.

## ACKNOWLEDGING AND UNDERSTANDING OF SEXUAL HARASSMENT POLICY

I acknowledge that the Sexual Harassment Policy is located in the Volunteer office for me to review. I understand that Shepherd Home will not tolerate any employee, volunteer, board member or third party who commits sexual harassment. Disciplinary actions will be taken against those who are found to have committed sexual harassment.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual harassment as set forth in the policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

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Signature

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Date

***Please return completed application to:***

***Shepherd Home  
1959 Five Mile Line Rd.  
Penfield, NY 14526***

***Call us at (585) 381-0890 if you have any questions.***