



Adult Volunteer Application

BASIC INFORMATION (All fields are required)

NAME _____ DATE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (HOME) _____ (CELL) _____
E-MAIL _____ OCCUPATION _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____
PHONE NUMBER(S) _____

AVAILABILITY (Please check all that apply)

- MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
 SATURDAY SUNDAY
 MORNINGS AFTERNOONS EVENINGS

WHICH DEPARTMENTS WOULD YOU BE INTERESTED IN VOLUNTEERING?

- Lifestyle Engagement (Activities) Special Events
 Culinary (Food Service) Marketing/Photograph
 Reception VOLUNTEER WHERE NEEDED
 Art Gallery

Tell us why you would like to volunteer

Are you fluent in any language other than English? Yes / No

If so, what language?



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Are you currently enrolled in an RN or LPN program? Yes / No

Are you a retired RN or LPN? Yes / No

Do you have any professional skills you may be interested in lending to volunteering at LIVIA? Yes /

No

PLEASE DESCRIBE ANY SPECIAL TALENTS, INTERESTS, HOBBIES, CERTIFICATION, OR SKILLS YOU POSSESS THAT MIGHT BE USEFUL IN YOUR VOLUNTEER EXPERIENCE AT LIVIA.

ARE THERE ANY PHYSICAL LIMITATIONS THAT WE SHOULD CONSIDER BEFORE ASSIGNING YOU A POSITION? PLEASE DESCRIBE.

PREVIOUS OR CURRENT WORK/VOLUNTEER EXPERIENCE:



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Criminal History

Have you ever been convicted or pleaded guilty to a crime or criminal offense, other than a minor? traffic violation, which has not been expunged or sealed by a court? Yes / No

If yes, please explain:

Are you able to undergo mandatory screening and requirement, including: Physical (done at your cost), two tuberculosis tests, criminal background check, interview, orientation, and reference letters (process takes up to one month from the interview)? Yes / No

Please list your top three position or areas for volunteering:

- 1.
- 2.
- 3.

Have you already made contact with a person or department at LIVIA regarding a specific volunteer position? Yes / No

If so, please list the name of the person, the phone number, and the volunteer position.

Name: _____ Department/Position: _____



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Applicant Authorization

I understand that completing this application and/or the interview/screening process are not promises of an offer of assignment. As a volunteer, I have no expectation of compensation for services provided. If I have provided false or misleading information, I acknowledge that LIVIA may terminate any volunteer assignment immediately.

Name (Print) _____ Date _____

Signature _____

Please return your volunteer application along with your resume to:

EMAIL: lifestyle@livia-health.com

MAIL: LIVIA at East Hanover
1 South Ridgedale Avenue
East Hanover, NJ 07936
Attn: Lifestyle Engagement

If you have questions, please call Lifestyle Engagement at 973.995.6700 x 5113

We appreciate your interest in **LIVIA!**