

**Anchorage Pioneers' Home**  
**Volunteer Application**  
**Packet**



**Anchorage Pioneers' Home**  
**923 West 11<sup>th</sup> Avenue**  
**Anchorage, AK 99501**

Orientation \_\_\_\_\_  
Affiliation \_\_\_\_\_

## Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #'s Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail: \_\_\_\_\_ Birth date: \_\_\_\_\_

- .....
1. Why are you volunteering? What are your expectations?
  2. What are you interested in doing as a volunteer?
  3. Please list your previous experience (paid and volunteer):
  4. Please list your special skills, interests, and training:
  5. What days and hours are you available? What day can you begin?
  6. Are there limitations or special circumstances we should be aware of:

### References:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Confidentiality Statement**

I, \_\_\_\_\_, am present at the Anchorage Pioneer's Home for the purpose of volunteering. I understand that information gained through contact with the residents and/or gained in staff meetings and discussions is confidential and is not to be discussed or released.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Staff Member Date

**Sworn Statement of criminal background**

Directions: Please check one of the following statements which indicates your criminal background.

I do swear or affirm that:

\_\_\_\_\_ I have NOT been convicted of a felony; a misdemeanor involving drugs or physical or sexual abuse; or a misdemeanor involving alcohol.

\_\_\_\_\_ I have BEEN convicted of a felony; a misdemeanor involving drugs/physical/sexual abuse/alcohol. (Please attach an explanation of your conviction(s). If a felony, please attach a copy of your judgment.

\_\_\_\_\_  
Signature Date

**Child Medical Release**

I accept full responsibility for my child/children ( \_\_\_\_\_ ) while visiting in the Anchorage Pioneers' Home. I understand that in the event of an accident or injury, nursing staff on duty are not able to provide medical treatment and will not be held liable.

\_\_\_\_\_  
Parents signature Date