



South Cove Manor at Quincy Point  
Rehabilitation Center

中華頤養院康復中心

Thank you for your interest in volunteer opportunities at **South Cove Manor at Quincy Point**, the Commonwealth's premier nursing and rehabilitation center serving the Asian community.

Volunteers enrich the lives of residents through providing companionship and assisting with recreational activities. Volunteers give back to their community while gaining valuable experience and the satisfaction of helping others.

**Become a volunteer in just 3 steps:**

1. Complete the enclosed Volunteer application and health questionnaire and return them to the South Cove information desk. Both must be signed.
2. Talk with a member of our staff about your skills and interests and attend a volunteer information session.
3. Complete CORI screening requirements. A photo identification will be needed.

**Then, you are ready to get started as a volunteer!** South Cove volunteers have a wonderful time sharing fun, adventure and friendship with residents and are important members of our community.

To get started, complete the enclosed information forms and return them to our Information Desk in the lobby. We will contact you right away to visit us and talk about our program.

Thanks so much for your interest; please call Allie at (617) 423-0590 with any questions.

Sincerely,

Li Chen  
Administrator

Allie Ruan  
Community Outreach & Admission Associate



*Staff Use Only:*

Interviewed  
by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Orientation Date: \_\_\_\_\_  
Start Date: \_\_\_\_\_

## SOUTH COVE MANOR ADULT VOLUNTEER APPLICATION

It is our policy to comply with all applicable state and federal laws prohibiting discrimination based on race, age, color sex, religion, national origin, disability, sexual orientation or other protected classification.

Date \_\_\_\_\_ Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip Code

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

In an emergency, contact:

\_\_\_\_\_  
Name Address Relationship Phone

Have you ever been convicted of a crime? \_\_\_\_\_ (conviction will not necessarily disqualify applicant for volunteering)

### Availability and Assignment Request

**Please list times you are available to volunteer:**

Mon.      Tues.      Wed.      Thurs .      Fri.      Sat.      Sun.  
Times available: \_\_\_\_\_

**Schedule Preference (Include day of week and time period):**

First Choice: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Second Choice: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

**Assignment Request:** \_\_\_\_\_  
\_\_\_\_\_

**Why do you want to volunteer?** \_\_\_\_\_  
\_\_\_\_\_

**How did you learn about volunteer opportunities at South Cove Manor?** \_\_\_\_\_  
\_\_\_\_\_

**Are you volunteering in affiliation with an organization/church/school or special program?** \_\_\_\_\_  
\_\_\_\_\_

### **Interests/Hobbies/Special Skills:**

**Interests and Hobbies:** \_\_\_\_\_

**Special Skills:** \_\_\_\_\_  
\_\_\_\_\_

**Languages:** \_\_\_\_\_

**Experience**

**Education:**

Name of School

Highest Grade Completed

Diploma/Degree

**Volunteer Experience:**

Agency Name

City/State

Type of Service

Dates

**Clubs or community groups?** \_\_\_\_\_

**Employment:**

Employer

Position

Dates of Employment

**References**

**Please provide two professional, academic or volunteer references who are not related to you:**

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Position: \_\_\_\_\_

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Position: \_\_\_\_\_

**Applicant's Statement & Authorization for Release of Information**

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am accepted into the Volunteer Services program, false statements may result in my dismissal. I understand that I must meet the health standards established by this hospital as a condition of initial and continued volunteer service. I understand that volunteer service at this hospital is "at will," which means that either I or the hospital can terminate the volunteer service relationship at any time, with or without prior notice, and for any reason not prohibited by statute. I understand that as a volunteer at South Cove Manor I do not receive any form of compensation for the time I spend functioning in the capacity of a volunteer.

I hereby give South Cove Manor the permission to request and obtain data pertinent to volunteering at SCM from the above individual. I release from all liability or responsibility all persons and institutions supplying information. I authorize SCM to make an investigation of any of the facts set forth in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## SOUTH COVE MANOR AT QUINCY POINT VOLUNTEER HEALTH QUESTIONNAIRE

It is our policy to comply with all applicable state and federal laws prohibiting discrimination based on race, age, color, sex, religion, national origin, disability, sexual orientation or other protected classification. Information will be kept confidential.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In an emergency, please contact: Name/Relationship: \_\_\_\_\_

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

### HAVE YOU EVER:

Had these childhood diseases?	Yes	No	?	Had these immunizations?	Yes	No	?
Measles				Small Pox			
Mumps				Measles			
Chicken Pox				German Measles			
German Measles				DPT			
Polio				Polio (Oral or injection?)			
Meningitis				Tetanus Toxoid Booster			
Have you ever had a skin test for Tuberculosis?				Hepatitis B			
				Typhoid			

Have you ever been exposed to TB? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received BCG? (vaccine for tuberculosis given outside of USA) Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a positive PPD? (red raised area) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide date \_\_\_\_\_

Have you ever been treated with an anti-tuberculosis medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide date and location: \_\_\_\_\_

Date and result of last PPD: Date \_\_\_\_\_ Result (check one) Positive \_\_\_\_\_ Negative \_\_\_\_\_

Are you currently being treated for a condition, or injury that would impact your volunteer service? If so, how?

\_\_\_\_\_

What medications do you take regularly that are essential to your wellbeing?

\_\_\_\_\_

PLEASE CONTINUE ON THE OTHER SIDE



Are you aware of any allergic reactions you may have had to food, medication, or the environment? (Please specify)

\_\_\_\_\_

Has your physician imposed any restrictions or limitations on your activities? (Please specify)

\_\_\_\_\_

\_\_\_\_\_

Is there any other information about your health or physical status that South Cove Manor should be aware of to ensure your safety and well being, and that of the residents/patients, during your volunteer service?

\_\_\_\_\_

\_\_\_\_\_

“I state that the information I have provided is true to the best of my understanding and recollection.”

\_\_\_\_\_

Signature of volunteer

\_\_\_\_\_

Date

\*\*\*\*\*

For staff use only:

Reviewed by:

\_\_\_\_\_

staff signature

\_\_\_\_\_

date

Restrictions on duties:

Volunteer Health Questionnaire. Adult.12.2.13.LK. Revised 7.7.14

Reviewed/Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director