

MASONIC HOME OF NEW JERSEY

APPLICATION - JUNIOR VOLUNTEER PROGRAM

DATE: _____

Name _____ Date of Birth _____

Address _____
Street City State Zip Code

Telephone _____ Parent's daytime number _____

Social Security Number _____

Why do you want to be a volunteer at the Masonic Home? _____

Skills/interests you would like to share _____

Do you have relatives or friends who are residents, employees or volunteers at the Home? If yes, please list

Community affiliations (church, school clubs, etc.) _____

Volunteer experience _____

Will you be available: ___ Summer only ___ Weekends ___ All year

Days available: ___ Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday
___ Friday ___ Saturday

Check the times you are available: ___ Morning ___ Afternoon

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

**MASONIC HOME OF NEW JERSEY
902 JACKSONVILLE ROAD
BURLINGTON, NEW JERSEY 08016
(609) 239-0300**

VOLUNTEER SERVICES DEPARTMENT

Name of Applicant: _____ Date: _____
Date of Birth _____ Place of Birth _____

PARENTAL PERMISSION AND RESPONSIBILITY

This is to declare that my minor child (ward) has my permission to participate in the Volunteer Services Department of the Masonic Home of New Jersey. I assume full responsibility for his or her choice of activities pursued on the premises of the Masonic Home as a Volunteer.

Appropriate limitation of services to be rendered: _____

It is understood that I and my child will not hold the Masonic Home or the Masonic Charity Foundation of New Jersey in any way responsible for any injury or damages of any kind resulting from activities performed by my minor child on the premises of the Masonic Home.

I will prevent my minor child from reporting for duty if he or she has, or has been exposed to a communicable disease, and I will promptly inform you in writing thereof.

I will cooperate with him/her in complying with the regulations and in seeing that he/she faithfully maintains his/her scheduled duty time.

I hereby give my consent for the guidance counselor or teacher to complete the reference form sent out by the Masonic Home in connection with his/her application to serve in the Volunteer Services Department.

If while working at the Masonic Home, a picture(s) is taken (whether it be a group or individual shot), I do hereby give my authorization to reproduce the same in a brochure, pamphlet, annual report or any other visual material used by the Masonic Home and/or the Masonic Charity Foundation of New Jersey. I do not seek nor will I accept any financial remuneration of these services.

Witness

Signature of Parent or Guardian

Address: _____

Telephone: _____

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VOLUNTEER SERVICES DEPARTMENT

Name of Volunteer _____ Date: _____

Date of Birth _____ Social Security Number _____

PARENTAL PERMISSION FOR HEALTH SCREENING

This is to declare that my minor child (ward) has my permission to receive a mantoux screening at the Masonic Home.

In accordance with Masonic Home requirements, a mantoux is to be done annually for all volunteers.

If the mantoux test result is five millimeters or more of induration, a chest x-ray shall be performed or certification thereof provided; a repeat chest x-ray will be required every three years thereafter.

This mantoux may be done by the Home's staff at the Home's expense, or if the volunteer so desires, may be done by the volunteer's own physical, at the volunteer's expense.

Signature of Parent or Guardian

Address: _____

Telephone: _____

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VOLUNTEER SERVICES DEPARTMENT

INFORMATION FORM

Name: _____ Birthday _____

Physician's Name _____

Address _____ Phone _____

Do you take any medication? _____ Yes _____ No

If yes, please list _____

Are you allergic to any medication? _____ Yes _____ No

If yes, please list _____

List any physical limitations on the type of service you can perform (no wheelchair pushing, etc.)

