

Sunharbor Manor Volunteer Application

**Please complete and return application to the
Receptionist or the Therapeutic Recreation Director.**

**All applicants must provide proof of their COVID-19
vaccine, proof of current physical and the influenza
vaccine during flu season.**

**After all information is submitted for review, we will
contact you to schedule an orientation and start date.**

**Any questions or concerns, the Therapeutic Recreation
Director can be reached at (516) 621-5400 ext. 4242.**

Thank you

Sunharbor Manor Volunteer Application

Date: _____

Name: _____

Address: _____

Phone #: _____

Date of Birth: _____

Social Security #: _____

School: _____

Reason for volunteering: _____

Prior Experience with elderly: _____

Hobbies/interests: _____

Days available: _____

Hours needed: _____

*Emergency Contact Name: _____

*Relationship to you: _____

*Emergency Contact Phone #: _____

Signature here: _____

If you are under 18, your parent/guardian must sign.

I give permission for my child to volunteer at Sunharbor Manor.

Print Name: _____

Signature here: _____

Sunharbor Manor Volunteer Application

Name: _____ Date: _____

- 1. Why have you chosen to volunteer at Sunharbor Manor?**

- 2. What do you hope to gain from being a volunteer?**

- 3. What experiences have you had that might be useful to you while volunteering?**

- 4. What are some interests/skills you have that you would like to share as a volunteer?**