

Sunharbor Manor Volunteer Application

Please complete and return application with all medical documents to our facility. You may drop it off at the front desk with our receptionist or email it to our Therapeutic Recreation Director at vhernandez@sunharbormanor.com

All applicants must provide proof of their COVID-19 vaccine, proof of current physical, immunization records and the influenza vaccine during flu season with this application.

After all information is submitted for review, we will contact you to schedule an orientation first.

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: _____

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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?**