



SANCTUARY AT BELLBROOK
A Trinity Senior Living Community
An Integrated Retirement Campus

873 West Avon Road
Rochester Hills, MI 48307
Phone: 248-656-6300
Fax: 248-656-8160
www.sanctuaryatbellbrook.org

Volunteer Application

Name _____

Address _____

Phone _____ Email _____

Notify in Case of Emergency

Name _____ Relationship _____

Address _____

Phone _____

Employment/Volunteer Experience

Employer _____

Dates of Employment: From _____ to _____

Position _____ Phone _____

Employer _____

Dates of Employment: From _____ to _____

Position _____ Phone _____

Employer _____

Dates of Employment: From _____ to _____

Position _____ Phone _____

Background Information

Have you ever plead guilty or been convicted of any crime other than a Minor Traffic Violation? Yes No

If yes, give the offense, the date you plead guilty or convicted, and the name and location of the court that convicted you.

Are there any felony charges pending against you? Yes No

If yes, state the charge(s) pending and the name and location of the court in which it is pending:

How did you hear about volunteer opportunities at Sanctuary at Bellbrook?

Have you ever volunteered for Trinity Health Care (or any subsidiary)? Yes No

If yes, when and what duties did you perform?

Have you ever volunteered anywhere before? Yes No

If yes, where and what duties did you perform?

References

Please provide at least 3 references

(1) Name _____

Address _____

Phone _____ Relationship _____

References Continued

(2) Name _____

Address _____

Phone _____ Relationship _____

(3) Name _____

Address _____

Phone _____ Relationship _____

Special Interests

Do you play a musical instrument? Yes No

What instrument? _____

Are you willing to play at Masses or other worship services, at a concert or other event? Yes No

Do you have a special talent e.g. sewing, quilting, singing, dancing, letter writing, scrapbooking, etc. that you would be willing to share with our residents? Yes No

Please describe your talent:

Would you be willing to help with resident outings? Yes No

Would you be willing to help with Special Events? Yes No

Any interest in one to one visits with one of our residents? Yes No

Preferred Schedule

Please indicated the days and times you are available to volunteer:

Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening
Sunday	Morning	Afternoon	Evening

Special Arrangements (please explain): _____

Please check what applies:

- I received the Sanctuary at Bellbrook Volunteer Handbook.
- I was given a tour and introduced to the appropriate people.
- I was provided information on emergency procedures.
- I was provided information on hand washing procedures.
- I understand that Sanctuary at Bellbrook will secure a criminal background check.
- I was provided information and training on types of abuse and reporting abuse.

As a volunteer at Sanctuary at Bellbrook, I agree to abide by the rules and regulations of the facility. I understand that failure to do so will result in termination of my privilege to volunteer.

Signature

Date



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