



Junior Volunteer Application

BASIC INFORMATION (All fields are required)

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ (CELL) _____

E-MAIL _____ Grade _____ Graduation Date: _____
School _____ Address _____

Career Interests _____

Age: _____ Date of Birth: _____

Is a family member an employee of Sycamore
Living? Y/N _____ where? _____

Parent's CONTACT INFORMATION

NAME _____ RELATIONSHIP _____

PHONE _____

NUMBER(S) _____ Work _____ Cell: _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____

PHONE _____

NUMBER(S) _____ Work: _____ Cell: _____

AVAILABILITY (Please check all that apply)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

SATURDAY SUNDAY

MORNINGS AFTERNOONS EVENINGS

WHICH DEPARTMENTS WOULD YOU BE INTERESTED IN VOLUNTEERING?

Lifestyle Engagement (Activities) Special Events

Culinary (Food Service) Marketing/Photograph

Reception VOLUNTEER WHERE NEEDED

Art Gallery



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In your own words please tell us why you would like to volunteer (50 word paragraph)

Are you fluent in any language other than English? Yes / No

If so, what language?

PLEASE DESCRIBE ANY SPECIAL TALENTS, INTERESTS, HOBBIES, OR SKILLS YOU POSSESS THAT MIGHT BE USEFUL IN YOUR VOLUNTEER EXPERIENCE AT Sycamore Living.

ARE THERE ANY PHYSICAL LIMITATIONS THAT WE SHOULD CONSIDER BEFORE ASSIGNING YOU A POSITION? PLEASE DESCRIBE.

PREVIOUS OR CURRENT WORK/VOLUNTEER EXPERIENCE:



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Criminal History

Have you ever been convicted or pleaded guilty to a crime or criminal offense, other than a minor? traffic violation, which has not been expunged or sealed by a court? Yes / No

If yes, please explain:

Are you able to undergo mandatory screening and requirement, including: Physical (done at your cost), two tuberculosis tests, criminal background check, interview, orientation, and School Recommendation, Vaccination Records.

(process takes up to one month from the interview)? Yes / No

Please list your top three position or areas for volunteering:

- 1.
- 2.
- 3.

Have you already made contact with a person or department at Sycamore Living regarding a specific volunteer position? Yes / No

If so, please list the name of the person, the phone number, and the volunteer position.

Name: _____ Department/Position: _____



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Applicant Authorization

I understand that completing this application and/or the interview/screening process are not promises of an offer of assignment. As a volunteer, I have no expectation of compensation for services provided. If I have provided false or misleading information, I acknowledge that Sycamore Living may terminate any volunteer assignment immediately.

VOLUNTEER AGREEMENT

I understand that, as a volunteer, I must abide by the rules and regulations of Sycamore Living including the dress code and will be willing to serve at least three hours weekly in whatever service I am assigned. I agree to donate a minimum of 50 hours of service before I receive a letter or recommendation. I understand and agree that once I sign in for my shift, I may not leave Sycamore Living until the shift is over without the approval of a parent/guardian or the Director of Lifestyle Engagement. Once I leave the Sycamore grounds, I understand that Sycamore Living will not be held responsible for me.

Date: _____ Applicant's signature _____

Name (Print) _____ Date _____

PARENTAL CONSENT

My son/daughter may serve as a Jr. Volunteer at Sycamore Living. I understand that final placement is contingent upon satisfactory completion of all pre-placement procedures including attendance at the entire scheduled Jr. Volunteer Orientation. In addition, I understand the importance of dependability and responsibility in the assignment. I will cooperate by providing transportation and seeing that he/she maintains the scheduled time and dresses following the Sycamore Living dress code. I understand that my son/daughter must donate a minimum of 50 hours of service before he/she will be provided with a letter of recommendation. I understand that my son/daughter may not leave Sycamore Living once they have signed in prior to the shift ending without my permission or the permission of the Director of Lifestyle Engagement. I agree that if my son/daughter does leave the Sycamore prior to his/her shift ending, Sycamore Living will not be responsible for my song/daughter.

Date _____ Parent's signature _____

AN INSTRUCTOR OR GUIDANCE PERSON AT THE APPLICANT'S SCHOOL MUST FILL IN THE INFORMATION BELOW. THIS PERSON SHOULD THEN FORWARD THE ENTIRE APPLICATION TO

**MAIL: Sycamore Living at East Hanover
1 South Ridgedale Avenue
East Hanover, NJ 07936
Attn: Lifestyle Engagement**

Or EMAIL: lifestyle@sycamorelivingeh.com



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CONFIDENTIAL RECOMMENDATION FOR JUNIOR VOLUNTEER

Student's name _____ Grade in school _____

Please Rate:

Excellent/ Good /Average /Below Average

Attendance

Scholastic Record

Dependability

Courtesy

Willingness

Initiative

Comments: _____

SIGNATURE _____

Print Name _____

TITLE _____

SCHOOL _____

DATE _____ EMAIL: _____

If you have questions, please call Lifestyle Engagement at 973.995.6700 x 5113

lifestyle@sycamorelivingeh.com

We appreciate your interest in the Sycamore Living!