



SUNLAND VOLUNTEER APPLICATION

*The natural fruits of Christian Science Mind-healing
are harmony, brotherly love, spiritual growth and activity. (Miscellany, p. 213)*

NAME _____

Person(s) to notify in case of emergency:

ADDRESS _____

NAME _____

CITY _____ STATE _____ ZIP _____

ADDRESS _____

PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ Under age 18? _____

PHONE _____

GENERAL DATA

Please circle areas of experience and/or interest:

Reading to patients
Walking patients
Writing for patients
Testimony service

Hymn Sing
Musical instrument
Piano Player
Event host/hostess

Holiday celebrations
Errand runner
Art projects
Maintenance projects

Gardening
Special presentations
Discussion groups

Other areas of interest:

Fluent languages, spoken and written: _____

Were you previously employed at Sunland? _____ If yes, please give dates: _____

Do you have any relatives working at Sunland? _____ If yes, please give dates: _____

DAYS and TIMES available to serve:

MON:	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Anytime <input type="checkbox"/>
TUES:	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Anytime <input type="checkbox"/>
WED:	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Anytime <input type="checkbox"/>
THURS:	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Anytime <input type="checkbox"/>
FRI:	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Anytime <input type="checkbox"/>
SAT:	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Anytime <input type="checkbox"/>
SUN:	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Anytime <input type="checkbox"/>

(over)



RELIGIOUS DATA

Sunland Home may, by law, apply the test of religious qualification to its training and volunteer policies.

Are you a member of The First Church of Christ, Scientist in Boston, MA? _____

Of a branch church or society? If yes, which one: _____

Do you rely radically on Christian Science for healing? (See Art. IV, Sec. 1, of the *Manual*) _____

In line with the theology of Christian Science, are you free from the use of:

drugs? _____ medication? _____ tobacco? _____ alcohol? _____

CONFIDENTIALITY AGREEMENT (Health Insurance Portability and Accountability Act)

The undersigned volunteer acknowledges that any information made available, or indirectly obtained in the course of volunteer activities, is absolutely confidential.

Volunteer agrees to neither disclose nor utilize in any way information acquired as a result of volunteer activities without the express written permission.

It is acknowledged by the volunteer that information furnished to fulfill duties or obtained in any way as a result of volunteer activities is in all respects confidential in nature and that any disclosure or use of same by may cause serious harm or damage.

Furthermore, volunteer agrees to adhere strictly to the requirements of federal law as detailed under HIPAA (privacy rule) with respect to Personal Health Information.

SUNLAND'S MISSION STATEMENT

The MISSION of Sunland Home Foundation is to provide proper care in an atmosphere where those relying on Christian Science for healing can lift their thought above the illusion of life in matter into the understanding of man's oneness with our Father-Mother God.

These services shall be consistent with ARTICLE VIII, Section 31, of the *Manual of The Mother Church, The First Church of Christ, Scientist, in Boston, Massachusetts*, by Mary Baker Eddy.

Are you willing to uphold Sunland's Mission Statement as given above? _____

Thank you for your interest in volunteering at Sunland Home!

Volunteer Signature _____ **Date** _____