

EMERGENCY DEPARTMENT ELDERCARE NAVIGATORS (EDEN) Volunteer Application

EDEN Volunteers will be trusted guides for Older Adults in the **Glenbrook Hospital Emergency Department (ED)**.
Volunteers will be trained in various issues, then select days to be “on call” to meet patients at the **Glenbrook Hospital Emergency Department (ED)** between the hours of **6 a.m. and 10 p.m.**
Please save this application, complete all fields and return to us at your convenience.

Application date:

Date of Birth:

Name:

Gender Identity:

Address:

City:

Zip:

Preferred phone:

Alternative phone:

Email address:

Education/Employment

School attended:

Degree/Level completed:

Employer:

Occupation:

Please briefly describe your work experience:

What languages, other than English, do you speak, read or write?

How did you hear about the EDEN volunteer program?

What volunteer experience do you have?

Why do you want to volunteer for CJE?

FOR OFFICE USE ONLY

Assignment _____ Location: _____ Start Date: _____

Days Available: _____ Frequency: _____

Volgistics CBC HIPAA NSOR OIG Photo Badge Id _____

Availability for training:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any physical or other limitations that should be taken into consideration in your volunteer assignment?

Yes No

If yes, please explain:

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Emergency Information

Person to be notified in case of emergency. (If you are under 18, please list a parent or guardian).

Name:

Relationship:

Phone:

I understand that I am not allowed to discuss with anyone outside CJE any information I learn about any of the people they serve (or their clients). I will respect the confidentiality of their clients.

Signature:

Date:

Thank you for completing this application. Please save and email it to volunteers@cje.net.