



Fellowship Community

Rudolf Steiner Fellowship Foundation
241 Hungry Hollow Road
Chestnut Ridge, NY 10977-6111

Application Form

Are you applying to become an Employee
Volunteer or live-in Co-Worker

Full Name

Date of Application

Preferred Pronouns

Address

City

State

Postal Code

Email

Cell Phone

Home/Work Phone

Citizen Status

Emergency Contact Name

Cell Phone

How did you hear about the Fellowship Community?

Why do you wish to work in our community caring for the elderly?

What additional skills or experiences (professional or personal) do you have that you think may be supportive and useful within our community?

What is your own philosophy of caring for the elderly?

Write a brief autobiography that also includes any prior experiences, interests or work in anthroposophy or other spiritual movements, or in serving the elderly or special needs groups.

Rudolf Steiner Fellowship Foundation, INC.

241 Hungry Hollow Road Chestnut Ridge, NY 10977

Phone: 845-356-8494 x2 Fax: 845-259-2668 www.fellowshipcommunity.org

Recent Employment – List in Chronological Order

Company Name	Begin & End Dates	Reason for Leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education and Degrees Attained – List in Chronological Order

Institution Name	Begin & End Dates	Degree/Certification Earned & Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References – Provide Three: Two Professional and One Personal

Name	Relationship	Cell Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Health Info:

COVID Vaccine Info – Submit a copy of your vaccine card with your application.

1 st Vaccine Date		1 st Vaccine Brand	
2 nd Vaccine Date		2 nd Vaccine Brand	
1 st Booster Date		1 st Booster Brand	
2 nd Booster Date		2 nd Booster Brand	

Do you agree to complete and submit a medical evaluation to be considered? Yes No

Check all certifications/licenses/you have obtained. Submit a copy of each with your application.

Certificate/License	Current or Lapsed	If Lapsed, Why?
CNA <input type="checkbox"/>	_____	_____
HHA <input type="checkbox"/>	_____	_____
LPN <input type="checkbox"/>	_____	_____
RN <input type="checkbox"/>	_____	_____
SERVESAFE <input type="checkbox"/>	_____	_____
BLS <input type="checkbox"/>	_____	_____
CPR <input type="checkbox"/>	_____	_____
FIRST AID <input type="checkbox"/>	_____	_____
OTHER <input type="checkbox"/>	_____	_____
OTHER <input type="checkbox"/>	_____	_____

Caregiver Position Questions ONLY

Have you worked in a multi-bed facility? **Yes** **No**

If so, list Facility Name	Begin and End Dates You Worked There	# of Beds
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you know how to operate a Hoyer Lift? **Yes** **No**

Have you and are you still able to change residents in their bed? **Yes** **No**

Have you and are you still able to assist residents with toileting? **Yes** **No**

Are you able to lift 50 lbs? **Yes** **No**

This document, and accompanying information, will be destroyed within one year of the date it is received unless the applicant becomes employed by the Fellowship Community.

The Fellowship Community is an equal opportunity employer. We do not discriminate in hiring or employment on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, veteran status, marital status or any other basis on which discrimination is prohibited by federal, state or local laws. No question on this application is intended to secure information to be used for such discrimination. People of color and others underrepresented in our community are encouraged to apply.

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Live-In Co-Worker Applicant Questions ONLY

A live-in Co-worker is an employee of the Fellowship Community who resides on the campus. Housing is provided as part of compensation, and the position comes with additional responsibilities including being on-call for emergency situations. Questions in this section are related to your housing needs that would be required if you and any children were to move to the Fellowship.

Spouse/Children Names and Ages

What is your anticipated length of stay?

Do you have any dietary restrictions? If so, please describe:

Please give us the name and address of a relative or friend through whom you may always be contacted.

Volunteer Applicant Questions ONLY

Age (circle one that applies): Under 18 18-24 25-39 40-54
55 and up

Volunteer Time Availability: **Su M Tu W Th F Sa**
(Please circle day(s) and write in hours available
(example: 8:30am-4:00pm or 3:00pm-7:00pm)

Previous volunteer and/or eldercare experience (list specifics for eldercare; dementia, Alzheimer's, wheelchairs, etc.):

For Volunteers and/Co-Workers ONLY

Areas of Expertise

Adult Care:	Child Care:	Farm (Animals):	Farm (Fields):
Companion Care (singing, music, storytelling, Taking members for walks, etc.)	Teaching Babysitting	Animal Care Milking Cows	Greenhouse Planting/Harvesting
Elder Care	Special Needs Care	Processing Milk	Processing Vegetables

Home Health Aid	Young Child Care	Making Cheese/Yogurt	Weeding
Other (please specify): _____	Other (please specify): _____	Other (please specify): _____	Other (please specify): _____
Specialty Skills:	Work Shop Skills:	Administrative/Office:	General Upkeep:
Carpentry	Candle Making	Fundraising	Cooking/Chef Experience
Computer (IT)	Doll Making	Grant Writing	Kitchen Clean-Up
Electrical	Metal Working	Development	Laundry
Nursing	Pottery	Receptionist	Landscaping
Plumbing	Weaving	Graphics/Media	Gardening
Vehicle Maintenance	Woodworking	Other (please specify): _____	Library
Other (please specify): _____	Other (please specify) _____		Other (please specify): _____

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