

## **Application Form**

Are you applying to become an Employee  $\Box$ 

Chestnut Ridge, NY 10977-6111		Volunteer ☐ or live-in Co-Worker? ☐		
Full Name		Date of Application	Preferred Pronouns	
Address	City		State	Postal Code
Email		Cell Phone	Hc	ome/Work Phone
Citizen Status	Emergency Contact Name Emergency Cell Phone			
How did you hear about the Fello	wship Community?			
Why do you wish to work in our c	community caring for the	elderly?		
What additional skills or experien within our community?	ces (professional or pers	onal) do you have that y	you think may l	be supportive and usefu
What is your own philosophy of c	aring for the elderly?			
Write a brief autobiography that	also includes any prior ex	xperiences, interests or	work in anthro	posophy or other

spiritual movements, or in serving the elderly or special needs groups.

Education and Degrees Attained – List in Chronological Order Institution Name  Begin & End Dates  Degree/Certification Earned & Date
Degit & Life Dates Degree, Certification Lamed & Date Degree, Certification Lamed & Da
References – Provide Three: Two Professional and One Personal
Name Relationship Cell Phone Email
Name Relationship Cell Filone Linan
Do you agree to complete and submit a medical evaluation to be considered? Yes No \( \square\)
Check all certifications/licenses/you have obtained. Submit a copy of each with your application.
Certificate/License Current or Lapsed If Lapsed, Why?
CNA   CNA
HHA
LPN
RN
SERVESAFE
BLS
CPR
FIRST AID
OTHER $\square$
OTHER
Caregiver Position Questions ONLY

Rudolf Steiner Fellowship Foundation, INC.

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 Li					
Have you and are you still able to chang					
Have you and are you still able to assist	residents with toileting? Yes No 🗌				
Are you able to lift 50 lbs? Yes No	]				
of compensation, and the position come	s ONLY  e Fellowship Community who resides on the camp  es with additional responsibilities including being o  your housing needs that would be required if you o	on-call for emergency situations.			
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 can alway	s 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,	Teaching	Animal Care	Greenhouse
Taking members for walks, etc.)	Babysitting	Milking Cows	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):

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.

## **Rudolf Steiner Fellowship Foundation, INC.**

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