



Volunteer Application

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring and conditions of employment on the basis of race, color, religion, national origin, gender, marital status, and disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but receipt does not imply you will be accepted. Volunteer consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY)

PERSONAL

Name _____
(First) (Middle) (Last)

Today's Date _____

Address _____

Home Phone _____

(City) (State) (Zip)

Cell Phone _____

Email Address _____

What is the best way to contact you between
9:00 a.m. – 5:00 p.m.? (Please check all that apply)

- ☐ Home Phone
- ☐ Cell Phone
- ☐ Work Phone
- ☐ Email

Are you currently employed? ☐ Yes ☐ No

Employer _____

What City do you work in? _____

Work Phone _____

Other names used in prior employment (maiden, name, etc.) _____

Do you have a fax machine at home? ☐ Yes ☐ No Fax Number: _____

GENERAL

How were you referred to our company?

- ☐ Friend
- ☐ Employee
- ☐ Advertisement
- ☐ School
- ☐ Online/Internet
- Other _____

Name of referral source indicated above _____

Are you currently, or have you ever been, suspended, debarred or otherwise excluded from participation in any federal or state health care program? ☐ Yes ☐ No

Have you ever been involuntarily discharged from a position ☐ Yes ☐ No If yes, please give dates and circumstances: _____

Have you ever pleaded guilty to, or been convicted of a criminal offense? ☐ Yes ☐ No

If yes, please give the dates and circumstances _____

Convictions: A conviction does not automatically mean you will be unable to volunteer. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are all important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

Would you agree to pre-employment and/or post employment drug screening by a physician, clinic or other healthcare provider selected by the company? ☐ Yes ☐ No

PERSONAL INFORMATION AND SKILLS (optional)

List any languages you are fluent in speaking other than English _____

Birthday _____ Religious Affiliation _____

Interests, Hobbies, (ex. gardening, reading, family history etc.) _____

Favorite: Candy or Candy Bar _____ Food _____ Color _____

Skills (ex: filing, accounting, counseling, etc.) _____

VOLUNTEER OPPORTUNITIES

Please indicate the areas you are most interested in applying for. Check as many as you are sincerely interested in and feel you can contribute your time to. (For this portion of the volunteer application, please refer to the Volunteer Opportunities sheet for more specific volunteer job descriptions.) Training is provided for all of these volunteer opportunities.

When are you available to volunteer (days/times/length)? _____

How many hours each week do you want to volunteer? ☐ 1-2 hour ☐ 3+ hours ☐ Other _____

PATIENT SERVICES

Patient Visitors

- ☐ Companionship Visitor
- ☐ Respite Care
- ☐ Bereavement Support
- ☐ Music Visitor

Do you play an instrument? ☐ Yes ☐ No

Instrument _____

- ☐ Hair and Nail Care
- ☐ Pet Therapy
- ☐ On-call Volunteers (No One Dies Alone)
- ☐ Memory Keeper

“Make My Day” Volunteers

- ☐ Birthday Crew
- ☐ Holiday Crew
- ☐ Monthly Gift Delivery

VOLUNTEER PROGRAM SUPPORT

- ☐ Birthday Coordinator
- ☐ Recognition Coordinator
- ☐ Event Committee
- ☐ Education Staff

Staff Support

Office/Administrative

- ☐ Office Assistant
- Would you prefer working from our office or your home? _____

Community Outreach

- ☐ Phone Visitor
- ☐ Language Translator
- ☐ Community Outreach

PREVIOUS VOLUNTEER EXPERIENCE

Organization _____ Approximate Length of Service _____

Type of Volunteer Work _____

What did/do you enjoy most about this experience? _____

Organization _____ Approximate Length of Service _____

Type of Volunteer Work _____

What did/do you enjoy most about this experience? _____

EDUCATION	School Name, City, State	Major/Focus	Graduate?
High School			
College			
College			

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends and neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to verification of previous employment and employment references, verification of education including request for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact may be justification for refusal of acceptance as a volunteer, or dismissal without advance notice.

In the event I am accepted I understand that all volunteers are subject to termination at the discretion of the company. If, in the event I choose to voluntarily stop volunteering, I am free to do so at any time.

In the event of my acceptance as a volunteer, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees and volunteers. I agree to respect the client's confidentiality. I will attend orientation and training, and I understand that I will begin service on a reciprocal trial basis.

I also understand that my acceptance is conditional upon my satisfactorily passing a physical examination and/or drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant unless I meet all stated minimum qualifications required for a volunteer.

I have read the above statements and accept them as conditions to volunteering with the company.

Signature

Date