



VOLUNTEER APPLICATION FORM

Thank you for your interest in serving as a volunteer. The application procedure helps us to provide the safest environment for our patients. A reference check will be performed and fingerprinting as necessary.

All information must be completed. Please print clearly.

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Name you prefer to be called: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (____) _____ Business Phone: (____) _____

Gender: Male _____ Female _____ Date of Birth: _____

Are you a student? Yes No If yes, which school do you attend? _____

What grade or year of school are you in? _____

List any interest or hobbies: _____

Have you done volunteer work elsewhere? If so, please describe: _____



INTEREST/SKILLS:

In what area or type of work are you interested in performing? Please be specific and include any special skills or qualifications. (ex. outdoor clean-up, answering phones, filing, computer skills etc.)

EMERGENCY CONTACT INFORMATION:

1) _____
Print Name of Emergency Contact Relationship

_____ Home Phone Number Cell Phone Number

2) _____
Print Name of Emergency Contact Relationship

_____ Home Phone Number Cell Phone Number

PERSONAL REFERENCES:

Please list three references. Include a day time phone number where they can be reached.

1) _____
Print Name of Reference Phone Number

2) _____
Print Name of Reference Phone Number

3) _____
Print Name of Reference Phone Number



CONFIDENTIALITY:

As a volunteer, I must ensure the confidentiality and privacy of patient's history, records and discussions about the patients we serve as well as any customers and members of the community. The information will be held in the strictest of confidence.

Signature

Date

FOR CENTER USE ONLY

Date Volunteer Interviewed: _____

By Whom: _____

References Checked: Yes No

By Whom: _____

Comments:
