

## Volunteer Application Form

All applicants must receive an interview and participate in training prior to assignment. If you agree with our mission and are willing to be interviewed and trained, please complete this application. The information you provide will help us match you to the most appropriate assignment for you. Please clearly print your responses.

Name:
Address:
Home Phone:
Cell Phone:
Email:
Date of Birth: (optional) <input type="checkbox"/> I am over 18 years old.

Emergency Contact Name and Phone:
<input type="checkbox"/> I attest that I have permission from the person listed above to provide their information.

Current employer:
Job title:
Employer's phone number: (optional) _____ <input type="checkbox"/> You may contact my employer.

Which volunteer assignment are you applying for? (check all that apply)	
<input type="checkbox"/> Telephone clerk	<input type="checkbox"/> POD Triage
<input type="checkbox"/> Receptionist	<input type="checkbox"/> POD Forms
<input type="checkbox"/> Runner	<input type="checkbox"/> POD Education
<input type="checkbox"/> Data entry clerk	<input type="checkbox"/> POD Dispensing
<input type="checkbox"/> ID badge clerk	<input type="checkbox"/> POD Security
<input type="checkbox"/> Training clerk	<input type="checkbox"/> POD Interpreter (specify language _____)
<input type="checkbox"/> Safety clerk	<input type="checkbox"/> POD Mental Health

Please list below any relevant skills, certifications, licenses, or applicable experience.
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When are you available to volunteer? (circle all that apply)
M    Tu    W    Th    F    Sa    Su
morning    afternoon    evening    overnight
How many hours per week would you be willing to volunteer? _____

Please describe any needs or special accommodations we should be aware of to support your volunteer service.
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Why would you like to volunteer?
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How did you hear about our agency's volunteer opportunities? (check all that apply)

- Media
- Social media
- Employee of our agency
- Another organization
- Word-of-mouth
- Other (please describe) \_\_\_\_\_

Please list two professional references from current or prior employment or volunteer experience. Do not list family members. An agency representative will contact the individuals listed for the purposes of conducting reference checks.

Name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

***By signing below I attest to the following statements:***

I hereby give permission for the Agency to make reference checks relating to my volunteer service and employment, and to obtain personal information about me from the references listed above and to use that information to make decisions about my suitability as a volunteer. I release all such parties from all liabilities from any damages which may result from furnishing such information.

I attest that the information contained in this application is complete, true and accurate to the best of my knowledge. I understand penalties may apply if false information is submitted.

I understand the agency is collecting the information in this application for the purposes of conducting screening, running a background and reference checks and establishing and managing a safe and effective volunteer program.

I understand that personal information will be collected, including my date of birth and social security number, in order for the agency to run a background check to determine my suitability for volunteering. I understand these background checks may be run annually, or any time I change volunteer assignments, and that the agency will inform me when a background check is run.

I understand this application is the property of the Agency and does not guarantee acceptance into the Agency's volunteer program. I give the Agency permission to verify any of the information above.