

Volunteer Application

Today's Date ___/___/___

Contact Information

| | |
|---|--|
| Name | |
| Street Address | |
| City | |
| State | |
| Zip | |
| Home Phone | |
| Work Phone | |
| Cell Phone | |
| E-Mail Address | |
| Are you 18 years of age or older? If not, please give your date of birth. | |

**Must be 18 years of age or older to volunteer, teens 15-17 must be accompanied by an adult*

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Employment Information

| | |
|--|--|
| I am: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other _____ | |
| Employer or School Name | |
| Occupation or Major | |
| Street Address | |
| City | |
| State | |
| Zip | |
| Phone Number | |

Interests

Tell us in which areas you are interested in volunteering

- Guest Services Speakers Bureau
 Meal Groups Wish List Drives
 Bakers Arts & Crafts/Game Events/Family Activities
 Fundraising Other *please list* _____

1.) How did you find out about our volunteer program?

- Newspaper
- Church/Synagogue
- Family House Web Site
- Gift of Life Web Site
- School
- Other: _____

2.) Why would you like to volunteer at the Gift of Life Family House?

3.) Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

4.) What other volunteer work have you done? When? What organizations?

Organization _____ Date _____

Organization _____ Date _____

5.) Are you fluent in a language other than English? If so, what languages(s)?

Person to Notify in Case of Emergency

| | |
|----------------|--|
| Name | |
| Relationship | |
| Street Address | |
| City | |
| State | |
| Zip | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

References

Please list two people other than relatives who would be willing to serve as personal references.

| | |
|----------------|--|
| Name | |
| Relationship | |
| Street Address | |
| City | |
| State | |
| Zip | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

| | |
|----------------|--|
| Name | |
| Relationship | |
| Street Address | |
| City | |
| State | |
| Zip | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Background

Have you ever been convicted of, or plead guilty to, a felony or misdemeanor other than traffic violation?

Yes (if yes, please describe)

No

Are you physically able to perform the essential requirements of a volunteer?

Yes

No

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand that I will not be paid for my services as a volunteer. I certify that the statements made in the Volunteer Application Form are true and correct, and have been given voluntarily. I understand that falsification of any information is grounds for dismissal. I voluntarily give Gift of Life Family House the right to make an inquiry of my past experience and I agree to cooperate in such inquiries and release from all liability or responsibility all persons, companies, and corporations supplying such information.

In addition, I agree that I will keep confidential all materials that I may read or learn about during my volunteer experience. I will only discuss this information with other staff and never off Gift of Life Family House grounds. If I ever use any part of my experience in writing, I agree that a member of the staff will review it in order to protect the confidentiality and legal rights of the patient.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

All volunteers MUST provide a copy of immunization records from a health care provider including a TB test results.

Thank you for completing this application form and for your interest in volunteering with us.