



Volunteer Application

- * Please complete ALL information as requested.
- * Do not leave any blanks.
- * Please sign and date within the requested areas of the application.

Full Name: _____ Date: _____

Social Security Number: _____ E-mail Address: _____

Address: _____ City: _____ Zip: _____

Home Number: _____ Cell Number: _____

Place of Employment: _____ Other Languages Spoken: _____

Emergency Contact: _____ Telephone: _____

Do you have access to a car? Yes No If yes, do you carry personal liability insurance: Yes No

Have you ever been convicted of any criminal offense? Yes No

If yes, please explain: _____

Will you agree to a background check? Yes No Will you agree to random drug testing? Yes No

Volunteer Experience: _____

What do you hope to gain by volunteering with our program? _____

In what ways do you feel that you can be helpful to our patients' and their families? _____

Have you ever had any personal experience in helping those who are ill? Yes No

Please list: _____

Have you ever had a friend or family member on Hospice care? Yes No If yes, when: _____

Have you had a TB test within the past month? Yes No If yes, please provide documentation.

If no, would you agree to a pre-employment TB skin test? Yes No

PERSONAL REFERENCES (NOT FAMILY RELATED)

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

APPLICANT ACKNOWLEDGEMENT

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 Integrity. I understand that and consent to inquiries that may include information as to my characters, general reputation and personal characteristics. This information may include, but not limited to verification of previously education, certifications, training, motor vehicle driving records and criminal reports. I hereby release from all liability or responsibility all persons, companies, organizations, or corporations furnishing such information.

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

If accepted, I understand that all volunteers are submitted to termination at the discretion of Integrity. Likewise, if I choose to discontinue my volunteering services, I am free to do so at any time.

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume responsibility for any liability of any accident, injury, or health problem which may arise from any volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

_____ Volunteer Signature	_____ Date
_____ Supervisor Signature	_____ Date

EXPERIENCE/SKILLS

The Integrity Volunteer Program often receives requests for volunteers of a specific religious denomination, specific skills, the ability to speak another language, etc. Providing any or all of the information below is strictly voluntary and will remain confidential.

<p>MEMBERSHIPS</p> <ul style="list-style-type: none"><input type="checkbox"/> Eastern Star<input type="checkbox"/> Exchange Club<input type="checkbox"/> Garden Club<input type="checkbox"/> Home Extension Club<input type="checkbox"/> Junior League<input type="checkbox"/> Kiwanis Club<input type="checkbox"/> Knights of Columbus<input type="checkbox"/> Lions Club<input type="checkbox"/> Order of Masons<input type="checkbox"/> Rotary Club<input type="checkbox"/> Veteran<input type="checkbox"/> Other: _____ <p>PROFESSIONAL EXPERIENCE</p> <ul style="list-style-type: none"><input type="checkbox"/> Accountant<input type="checkbox"/> Administrator<input type="checkbox"/> Artist<input type="checkbox"/> Attorney<input type="checkbox"/> Child Care<input type="checkbox"/> Clergy<input type="checkbox"/> Educator<input type="checkbox"/> Engineer<input type="checkbox"/> Finance/Investments<input type="checkbox"/> Fireman<input type="checkbox"/> Grant Writer<input type="checkbox"/> Home Health<input type="checkbox"/> Housekeeper<input type="checkbox"/> Insurance<input type="checkbox"/> Librarian<input type="checkbox"/> Licensed Practical Nurse/ Registered Nurse<input type="checkbox"/> Musician<input type="checkbox"/> Police Officer<input type="checkbox"/> Public Relations<input type="checkbox"/> Researcher<input type="checkbox"/> Sales<input type="checkbox"/> Secretarial/ Clerical<input type="checkbox"/> Social Worker<input type="checkbox"/> Other: _____	<p>SKILLS</p> <ul style="list-style-type: none"><input type="checkbox"/> Calligraphy<input type="checkbox"/> Carpentry<input type="checkbox"/> Chef/Cooking<input type="checkbox"/> Electrical<input type="checkbox"/> Gardening<input type="checkbox"/> Hair Care<input type="checkbox"/> House Keeping<input type="checkbox"/> Knitting<input type="checkbox"/> Music<input type="checkbox"/> Nail Care<input type="checkbox"/> Plumbing<input type="checkbox"/> Quilting<input type="checkbox"/> Scrap Booking<input type="checkbox"/> Sewing<input type="checkbox"/> Singing<input type="checkbox"/> Writing/Journaling<input type="checkbox"/> Other: _____ <p>CLERICAL/OFFICE SKILLS</p> <ul style="list-style-type: none"><input type="checkbox"/> Bulk Mailing<input type="checkbox"/> Clerical<input type="checkbox"/> Computer Programming<input type="checkbox"/> Data Entry/ Record Keeping<input type="checkbox"/> Insurance Filing<input type="checkbox"/> Receptionist<input type="checkbox"/> Shorthand<input type="checkbox"/> Speed Writing<input type="checkbox"/> Switchboard<input type="checkbox"/> Typing<input type="checkbox"/> Other: _____ <p>COMMUNICATION SKILLS</p> <ul style="list-style-type: none"><input type="checkbox"/> Speak/Write in Spanish<input type="checkbox"/> Speak/Write Other Languages: _____
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