



Community Health Professionals

VOLUNTEER APPLICATION

Name: _____

Address: _____

County: _____ Have you lived in this county 5 years or more: ___yes ___no

Home Phone: _____ Cell Phone: _____ Work Phone: _____

In case of emergency, notify: _____

Relationship: _____ Phone number: _____

Are you currently employed? ___yes ___no

If yes, where? _____

If yes, are you employed: ___full-time ___part-time ___days ___evenings ___nights

Are there any health or physical restrictions of which we should be aware? ___yes ___no

If yes, what are they? _____

Do you have a criminal conviction? ___yes ___no If yes, for what?: _____

Please list other volunteer experience: _____

What are your interests and hobbies? ___art & crafts ___clerical ___cooking ___woodworking
___counseling ___drama ___hairdressing ___music ___nursing ___playing cards
___puzzles ___reading ___teaching ___other _____

Do you drive a car? ___yes ___no

If yes, are you insured? ___yes ___no **Please provide proof of insurance**

Please give two character references:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

CONDITIONS FOR VOLUNTEERING

Must meet all conditions of volunteering to be considered.

1. If operating a vehicle for volunteering, will hold current Driver's License and have a dependable, insured car. (\$100,000/300,000 bodily injury).
2. If will be in patients homes, will receive an initial 2-step Mantoux test and (if prior positive reaction, must have a chest x-ray and physician statement that applicant is free of communicable diseases).
3. Submit to a criminal background check.

I agree to the above condition for volunteering. I understand that my volunteering is contingent on results.

Date: _____ Signature: _____
Applicant

If minor, parent signature: _____ Date: _____

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