



Volunteer Application

Conditions of volunteer hours are stated at the end of this form. Please read the conditions carefully. Applications must be completed in full even if a verbal acceptance was granted. Please print, using blue or black ink.

VOLUNTEER POSITION APPLIED FOR _____

PERSONAL INFORMATION

FIRST

MIDDLE

LAST

ADDRESS

CITY

STATE

ZIPCODE

PHONE

CELL

E-MAIL

GENERAL INFORMATION

Only U.S. Citizens or aliens who have a legal right to work in the United States are eligible for volunteer status. Can you, provide genuine documentation establishing your identity?

YES NO

Can you with or without reasonable accommodation perform the essential functions of this assignment? (If you have questions regarding the essential functions of the assignment, please ask the interviewer before answering this question.)

YES NO

Have you ever been convicted of a crime or violation other than a minor traffic violation?

YES NO If YES, please list dates and dispositions of infractions _____

(A conviction record will not necessarily be a bar to volunteer status.)

A. PREFERRED HOURS —Please place a check next to the shift(s) you are available to volunteer.

AM (7:00AM-3:30PM) PM (3:00PM-11:30PM) MID (11:00PM-7:30AM)

B. AVAILABILITY—Please place a check next to the day(s) you are available to volunteer.

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

NOTE: VOLUNTEER SCHEDULES ARE BASED ON THE NEEDS OF THE HOSPITAL AND ARE SUBJECT TO CHANGE.

DATE AVAILABLE TO BEGIN VOLUNTEERING

HOW DID YOU HEAR ABOUT VOLUNTEERING OPPORTUNITIES AT CIRCLE OF LIFE?

CIRCLE OF LIFE WEBSITE WALK-IN NEWSPAPER AD

EMPLOYEE _____ OTHER _____

EMPLOYMENT HISTORY ?

Please provide an employment history IF it is relevant to the Volunteer Assignment

EMPLOYER (PRESENT OR MOST RECENT)			DATES	
ADDRESS			FROM (MO./YR.)	TO (MO./YR.)
CITY	STATE	ZIP	SALARY/HOURLY RATE	
SUPERVISOR			STARTING	FINAL
TELEPHONE ()				
POSITION/TITLE				
DUTIES PERFORMED				
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER (PRESENT OR MOST RECENT)			DATES	
ADDRESS			FROM (MO./YR.)	TO (MO./YR.)
CITY	STATE	ZIP	SALARY/HOURLY RATE	
SUPERVISOR			STARTING	FINAL
TELEPHONE ()				
POSITION/TITLE				
DUTIES PERFORMED				
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER (PRESENT OR MOST RECENT)			DATES	
ADDRESS			FROM (MO./YR.)	TO (MO./YR.)
CITY	STATE	ZIP	SALARY/HOURLY RATE	
SUPERVISOR			STARTING	FINAL
TELEPHONE ()				
POSITION/TITLE				
DUTIES PERFORMED				
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER (PRESENT OR MOST RECENT)			DATES	
ADDRESS			FROM (MO./YR.)	TO (MO./YR.)
CITY	STATE	ZIP	SALARY/HOURLY RATE	
SUPERVISOR			STARTING	FINAL
TELEPHONE ()				
POSITION/TITLE				
DUTIES PERFORMED				
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT HISTORY—cont'd

EMPLOYER (PRESENT OR MOST RECENT)			DATES	
			FROM (MO./YR.)	TO (MO./YR.)
ADDRESS				
CITY	STATE	ZIP	SALARY/HOURLY RATE	
			STARTING	FINAL
SUPERVISOR	TELEPHONE ()			
POSITION/TITLE				
DUTIES PERFORMED				
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				

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			STARTING	FINAL
SUPERVISOR	TELEPHONE ()			
POSITION/TITLE				
DUTIES PERFORMED				
REASON FOR LEAVING				
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				

PLEASE NOTE THAT ALL VOLUNTEERS SHALL BE SUBJECT TO A FULL CRIMINAL BACKGROUND CHECK...INCLUDING FINGERPRINTING...AS A CONDITION OF THEIR VOLUNTEER STATUS. SHOULD SAID BACKGROUND CHECK DISQUALIFY THE VOLUNTEER, THEY WILL NOT BE ALLOWED TO PROVIDE ASSISTANCE TO THE COMPANY. IN ORDER TO COMPLY WITH THIS LEGAL REGULATION, ALL VOLUNTEERS MUST SUPPLY PROPER PROOF OF IDENTITY AND SOCIAL SECURITY NUMBER. The Social Security Number and identity will be used for the sole purpose of complying with this law and will not be shared or distributed in other manner.

REFERENCES

	NAME	RELATION TO YOU	YEARS KNOWN	PHONE
1				
2				
3				

NOTIFICATION AND AGREEMENT

Please read before signing.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF VOLUNTEER STATUS OR IMMEDIATE TERMINATION OF VOLUNTEER STATUS, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be allowed volunteer status.

It is the policy of the company to afford equal opportunity to all volunteers and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If allowed volunteer status, I agree to abide by all of the company rules and regulation, and understand that, my volunteer status may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of volunteering. No representative of the company shall have the right to enter into contractual agreement or to authorize any good/service in exchange for the volunteer hours.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

VOLUNTEER SIGNATURE _____ DATE _____