

VOLUNTEER SERVICE APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, ancestry, disability, or political affiliation.

Name: _____

Last

First

Middle Initial

Address: _____

Street

City

State

Zip Code

Home Telephone: _____ Business Telephone: _____

Current Employment (If any):

Company Name

Supervisor

School

Grade

Birthdate: _____

Month Day Year

Email Address

In case of emergency/illness, notify: _____

Name

Phone

Relationship

Have you ever been convicted of a crime? _____ If yes, please explain: _____

Previous volunteer experience (Include organization name, address, and dates worked): _____

How did you become aware of the Volunteer Program at CCHS? _____

Days Preferred: (Circle) MON TUES WED THU FRI SAT SUN

Hours Preferred: _____ Mornings _____ Afternoons _____ Evenings

Areas of special interest and hobbies: _____

Special training/skills applicable to volunteer work at CCHS: _____

APPLICANTS STATEMENT

- I agree to respect the confidential nature of any medical or personal information that I may learn regarding students/patients at Children's Care Hospital and School. Failure, on my part, to comply with this request may result in my dismissal as a volunteer.
- I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.
- I understand that smoking and the use of related tobacco products by all persons will be prohibited on CCHS and affiliate premises including the company facilities, grounds, and vehicles.

Signed

Parent/Guardian Signature
(If under the age of 18)

Date

REFERENCES:

Due to our caring concern for the children at Children's Care Hospital and School, we require each volunteer to submit two character references (other than family members). Information received will be kept confidential.

1. Name: _____ Relation: _____

Address: _____ Zip Code: _____

Home Telephone: _____ Business Telephone: _____

2. Name: _____ Relation: _____

Address: _____ Zip Code: _____

Home Telephone: _____ Business Telephone: _____