

VOLUNTEER APPLICATION

Date:		Date of Birth:	
Last Name:	First Name:	MI:	Are you over Age 18: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address:	City:	Zip Code	Home Phone No.:
Employer (if any): How long?	Work Phone No.:	Occupation:	
Local Emergency Contact:	Relationship:	Emergency Contact Phone No.:	
School Attending/Attended:	Field Of Study:	Foreign Language Spoken Fluently: <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other:	
Professional License/Certificate:	Cell Phone No.	E-mail:	
CURRENT WORK STATUS: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-Time <input type="checkbox"/> RETIRED, FORMER EMPLOYER: _____ <input type="checkbox"/> OTHER: _____			
HAVE YOU HAD VOLUNTEER EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE: _____			
I am interested in volunteering for the following reasons:			
I bring the following work/volunteer experience and skills:			
<i>What days are you available?</i>		<i>What shift would you prefer?</i>	
<input type="checkbox"/> Any day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Saturdays	
<i>How many hours are you willing to commit?</i> _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			

References: *Please identify 3 people who we could contact on your behalf:*

Name	Contact Information
1.	
2.	
3.	

CONFIDENTIALITY AND COMMITMENT STATEMENT

I understand and agree that in the performance of my duties as a volunteer at the Lebanon Valley Volunteers in Medicine I must abide by all policies and procedures, including holding as strictly confidential all medical information that I may obtain directly or indirectly concerning patients. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

I hereby give Lebanon Valley Volunteers in Medicine my permission to obtain information relating to the criminal history record and background checks. The criminal history record, as received from the reporting agencies, may include juvenile offense, arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information shall be used, in part, to determine eligibility for a volunteer position within this organization. I also understand that as long as I remain a volunteer at the Clinic, the criminal history records check may be repeated from time to time.

I am volunteering my services to Lebanon Valley Volunteers in Medicine solely for my personal purpose or benefit without promise or expectation of compensation or monetary benefits. I agree to serve as a volunteer without salary.

I state that I am a volunteer who desires to make a contribution of services to Lebanon Valley Volunteers in Medicine. As such, I specifically release, discharge, and hold harmless Lebanon Valley Volunteers in Medicine, a not-for-profit Pennsylvania corporation, and any and all of its members and employees of and from any and all liability, responsibility, or damages whatsoever for any death, personal injury or property damage resulting from or arising out of my presence at the Lebanon Valley Volunteers in Medicine or in carrying out duties assigned by the volunteer coordinator of Lebanon Valley Volunteers in Medicine.

Volunteer's Signature: _____ Parent's Signature if under 18: _____

Print Name: _____ Witness: _____

Volunteerism is the foundation on which Lebanon Valley Volunteers in Medicine along with its sister clinics around the county was built and continues to operate. We welcome and greatly appreciate the contribution made by all of our volunteers. Without your contribution, our cause would be lost. Thank you for making a difference!