



VOLUNTEER APPLICATION

Minimum 20 hours required in a 6 month period

Please Print. Entire Application Must Be Completed.

Program (Circle): **ADULT** **COLLEGE** **TEEN (age 16 and up)**

Date ____/____/____

Name _____ M or F (please circle)
(Last) (First) (Middle)

Date of Birth (month)____(day)____(year)____

Home Phone _____ Cell Phone _____

Home Address _____

City _____ St _____ Zip _____

E-mail Address _____

School Name (If Currently Attending) _____ School Phone _____

School Address _____ City _____ St _____ Zip _____

Teen/College Vol: Fr _____ Soph _____ Jr _____ Sr _____ Graduate Program _____

School Major/Concentration _____

Have you ever been an employee, intern or volunteer at Well·Spring? _____

If Yes, list dates _____

In Case of Emergency Notify _____ Phone _____

Address _____ Relationship _____

Service Area Preferred (please list 1) _____

Days Available (please circle) M T W TH F SAT SU Time _____

Earliest Date Available ____/____/____

Previous Volunteer Experience? (Please List) _____

If you are working with a special program for credit (club, etc.), please list;

(Name)

(Address)

(Phone)

Have you ever been convicted of any criminal offense other than a minor traffic violation? Y _____ N _____

If yes, please explain: _____

Hobbies, Skills, Special Interest

Why do you want to be a Volunteer? (Career Goals, Etc.) _____

REFERENCES

1) Name _____ Address _____ Phone _____

How does this person know you? _____

2) Name _____ Address _____ Phone _____

How does this person know you? _____

Believing that the organization has a need of my services as a volunteer, I will:

- be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- conduct myself with dignity, courtesy and consideration.
- consider as confidential all information which I may hear, directly or indirectly, concerning a resident, doctor, or any member of personnel, and will not seek information in regard to a resident.
- take my problems, criticisms or suggestions to my supervisor.
- endeavor to make my work of the highest quality.
- uphold the Mission Statement and Core Values of this organization.
- I hereby certify that the answers on this application are true and correct and that any misrepresentations or omissions of facts or false information on my part will be grounds for dismissal as a volunteer.
- acceptance as a volunteer is contingent upon satisfactory references and verification of the information submitted on this application/background check. I therefore authorize Well-Spring to make such investigations and inquiries deemed necessary in determining to accept me as a volunteer.

Signature _____ Date ____/____/____

I give my permission for Human Resources to copy my records for release to me, upon my request. These records may be presented to me in person, by fax or by mail. This authorization does not expire.

Signature _____ Date ____/____/____

FOR DEPARTMENTAL USE ONLY

__ Accepted as a volunteer Supervisor _____

__ Orientation Completed __ Copy of Photo ID

__ TB paper screen __ Name badge issued

__ Background check

__ Not accepted as a volunteer