



VOLUNTEER APPLICATION

FULL NAME _____ DATE _____

FULL ADDRESS _____

PHONE _____ ALT. PHONE _____

EMAIL _____ DATE OF BIRTH _____

Please list all languages you speak fluently: _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

May we have a background check done? Yes No

EDUCATION:

HIGH SCHOOL: Number of years completed: 1 2 3 4

DIPLOMA: Yes No GED: Yes No SCHOOL _____

COLLEGE/VOCATIONAL SCHOOL: Number of years completed: 1 2 3 4 5+

SCHOOL(S) _____

DEGREE EARNED _____ DATE EARNED _____

VOLUNTEER EXPERIENCE: (List most recent first)

ORGANIZATION _____ DATE: From _____ To _____

POSITION/DUTIES _____

SUPERVISOR NAME _____ PHONE _____

ORGANIZATION _____ DATE: From _____ To _____

POSITION/DUTIES _____

SUPERVISOR NAME _____ PHONE _____



EMPLOYMENT HISTORY: (List most recent first)

EMPLOYER _____ DATE: From _____ To _____

POSITION/DUTIES _____

SUPERVISOR NAME _____ PHONE _____

EMPLOYER _____ DATE: From _____ To _____

POSITION/DUTIES _____

SUPERVISOR NAME _____ PHONE _____

EMPLOYER _____ DATE: From _____ To _____

POSITION/DUTIES _____

SUPERVISOR NAME _____ PHONE _____

FAITH BACKGROUND:

Do you consider yourself a Christian? Yes No If yes, for how long? _____

Briefly share your testimony (Please write it on a separate sheet and attach with this application)

Do you attend a local church? Yes No If yes, please provide the following information:

Church Name _____

Lead Pastor's Name _____ Phone _____

Church Address _____

Position(s) in which you have served _____

ADDITIONAL INFORMATION:

Please briefly share your reason for seeking a volunteer position with Options Health:



What special skills, talents, gifts, or personality traits would you bring to Options Health?

What do you consider to be your possible areas of weakness?

AREAS OF INTEREST: (Please select all that apply)

In Clinic (minimum 4 hours per week):

- Patient Advocate Earn While You Learn Mentor (female) Fatherhood Mentor (male)
 Administrative Support Nurse Volunteer Front Desk Receptionist

Outside of Clinic:

- Fundraising Event Volunteer EmpowerEd Educator EmpowerEd Event Volunteer
 Church Liaison Social Media Content Creator Community Outreach Event Volunteer

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application and any supplemental applications are true and complete to the best of my knowledge, and I authorize Options Health to verify their accuracy and obtain reference information. I release Options Health from all liability relating to the provision of such information or relating to any decisions made based upon such information. I recognize that, as a volunteer, I will serve in a different role than the employees of Options Health, and I am not seeking nor expecting to receive any compensation or other benefits in return for any volunteer services which I may provide for Options Health. If applicable to me, I agree to notify the Options Health of any circumstances that would change my status in licensure, DEA, liability insurance coverage, board certification status, or hospital privileges.

Signature of Applicant _____ Date _____