



**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:

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

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

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**AREAS OF INTEREST:** (Please select all that apply)

In Clinic (minimum 4 hours per week):

- Patient Advocate
- Earn While You Learn Mentor (female)
- Nurse Volunteer
- Administrative Support
- Spanish Speaking Translator

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 \_\_\_\_\_