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)

☐ Administrative Support ☐ Fundraising Events ☐ EmpowerEd Educator

☐ Church Liaison ☐ Social Media Content Creator

**** Please Note: Due to the training provided, we ask volunteers in the following positions to commit to serving for at least one calendar year. Applicants must be available to volunteer a minimum of one four-hour shift per week.***

☐ Patient Advocate ☐ Earn While You Learn Parenting Mentor ☐ Nurse 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_____