



VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer with WellSpace Health! Please complete both sides of this application. After reviewing your application, an eligibility interview may be conducted with one of our staff.

IMPORTANT VOLUNTEER RULES AND REGULATIONS: The Department of Labor Standards Enforcement (DLSE) defines volunteers as those “who intend to donate their services to religious, charitable, or similar non-profit corporations without contemplation of pay and for public service, religious or humanitarian objectives.” Federal law defines volunteers in a similar manner. Volunteers serve without expectation of payment including expectation of material benefits (other than reimbursement for reasonable costs incurred). Volunteers also should have no expectations of a regular paid position with the organization because they have volunteered.

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E Mail Address: _____

Best day(s) and time(s) to contact you:

Emergency Contact Name: _____ Phone: (_____) _____

What type of Volunteer Position are you interested in and why?



EDUCATION

1. Highest grade level completed: Grammar High School College

Degree attained: _____ from: _____

2. Are you presently enrolled as a student? Yes No

Name of School: _____

Degree you will receive and date:

EMPLOYMENT HISTORY

1. Are you presently employed? Yes No Retired? Yes No

2. Current Employer: _____ Position: _____

Address: _____

Phone: (_____) _____

Dates of Employment: _____

3. Past Employer: _____ Position: _____

Address: _____

Phone: (_____) _____

Dates of Employment: _____

VOLUNTEER EXPERIENCE AND TRAINING (If any)

1. Organization: _____ Dates of Service: _____

Your duties: _____

2. Organization: _____ Dates of Service: _____

Your duties: _____

3. Organization: _____ Dates of Service: _____

Your duties: _____



REFERENCES (Please provide complete addresses for all references listed)

1. Name: _____ Phone: (_____) _____
Relationship: _____

Address: _____ Zip _____

2. Name: _____ Phone: (_____) _____

Relationship: _____

Address: _____ Zip _____

3. Name: _____ Phone: (_____) _____

Relationship: _____

Address: _____ Zip _____

E. BACKGROUND INFORMATION (Please answer the questions below as completely as possible.)

1. Are you able to perform the essential functions of the volunteer position for which you are applying, either with or without reasonable accommodation? Yes No

If no, please describe the functions that cannot be performed and possible reasonable accommodation: _____

2. I agree not to take any medication that will interfere with the ability to properly perform my volunteer duties. If a prescribed medication may interfere with the ability to perform my duties it should be discussed with WellSpace Health staff. This does not require disclosure of any underlying medical condition, which makes the medicine necessary.

F. GENERAL QUESTIONS

1. How did you hear about our volunteer program? _____



2. What interests you about volunteering with us? _____

3. What foreign language(s) do you speak fluently? _____

4. Personal reasons for becoming involved in this type of work?

G. CERTIFICATION OF APPLICANT

I hereby certify that my answers on this application are true and complete to the best of my knowledge. I also grant my permission and consent for WellSpace Health to contact the necessary resources and references to verify my responses on this application.

I understand the regulations regarding volunteer work and agree to abide by all of the Organization's policies, procedures and any legal regulations.

Signed _____

Dated _____

Print Name: _____