



VOLUNTEER APPLICATION

PLEASE PRINT

DATE: _____

Name: _____
 (Last) (First) (Middle)

Present Address: _____
 (Street) (City) (State) (Zip)

Previous Address: _____
 (Street) (City) (State) (Zip)

Telephone: Home: (____) _____ **Cell:** (____) _____ **Alternate Number** (____) _____

How did you hear about us? (Please be specific.) _____

Have you ever volunteered or worked here before? No Yes When?

Personal and Character References:

Name & Address	Phone	Occupation	Years Known

Have you ever been convicted of a misdemeanor or felony? (Please include any major traffic violations.) Yes No

If yes, explain: _____

Do you have any pending misdemeanor or felony offenses? (Please include any major traffic violations.) Yes No

(Note: A conviction will not necessarily bar you from volunteering.)

If yes, explain: _____

What are your reasons for wanting to become a volunteer at MedNorth?



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In case of emergency, notify:

- 1. _____
 (Name) (Address) (Telephone) (Relationship)
- 2. _____
 (Name) (Address) (Telephone) (Relationship)
- 3. _____
 (Name) (Address) (Telephone) (Relationship)

Service area preferred: _____

Time preference: (Please specify with a check)

Monday Tuesday Wednesday Thursday Friday

Do you prefer to volunteer: Mornings Afternoons
Would you prefer: Clerical (No patient contact) Limited patient contact Patient Contact

Applicant...please read carefully before signing...

I certify that the information contained in this application is correct and complete to the best of my knowledge. Final placement is contingent upon satisfactory completion of all pre-placement procedures, including interview, verification of references, criminal background investigation and orientation. I realize that misrepresentation of facts will be cause for rejection of this application. I agree to abide by the policies of MedNorth Health Center.

Signature of Applicant

Date

Your signature indicates your approval for us to conduct a background check. MedNorth Health Center is not obligated to utilize your services as a volunteer nor are you obligated to accept the volunteer assignment offered. Opportunities for volunteers are provided without regard to religion, creed, race, nationality, age, sex or disability.

Assurance of Confidentiality

I _____ understand the MedNorth Health Center’s policy on confidentiality of patient/business information. In connection with my activities and responsibilities here, I agree to hold all information I may have access to about patient, clients, and business issues, confidential. I will not divulge any information to unauthorized persons, as this will make me subject to civil actions for the collection of monetary damages and/or suspension or dismissal.

Signature of Applicant

Date