



Healthcare Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

Volunteer Experience/Expertise as a healthcare provider:

Volunteer Interests: Medical Clinic: MD___PA___NP___RN___LPN___RPh___PhT___
Healthcare Administration ___

Education/ Employment

Highest Level of Education _____

License#: _____

Which state or country was the license obtained: _____

Active: Yes ___ No ___ Expiration Date: _____

Employment

Current Employer, if applicable

Position/Title _____

Dates of Employment (starting, ending) _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Background

Have you ever been charged with or convicted of the following: (please circle yes or no)

- a) Felony? Yes No
b) Any crime involving a sex offense, an assault or the use of a weapon? Yes No
c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? Yes No
d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger? Yes No
If you answered yes, please explain. _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please e-mail a completed form to Arts4healing@a-4-h.org