



## Volunteer Application

Contact Information	Please Print	
Name		
Mailing Address		
City		
State / Zip		Date of Birth:     /     /
Home Phone		
Cell Phone		
E-Mail Address		
Referring Agency:    Workplace Success    National ABLE    UWay    Other:		
Emergency Contacts		
Name	Relationship	Phone Number
	Doctor	
Personal References		
Name	Relationship	Phone Number
Volunteer References		
Name	Agency/Company	Phone Number
Our Policy		
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.		
Special Skills or Qualifications		
Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.		

Previous Volunteer Experience		
Please summarize your previous volunteer experience along with dates of your volunteer activity.		

Background Information / Authorizations		
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1. Have you ever been convicted of abuse, neglect, and/or exploitation of any person or have you been convicted of misappropriation of funds or property?	YES	NO
2. Have you ever been convicted of a crime that has not been annulled by a court? Note: A criminal conviction will not necessarily disqualify you from volunteering, depending upon the position for which you are applying	YES	NO
3. Are you (or have you ever been) a patient at Goodwin Community Health (hereafter known as Goodwin), formerly known as Avis Goodwin Community Health Center (AGCHC)?	YES	NO
3a. If answer to 3. is YES, it is the policy at Goodwin to have a Goodwin provider authorize that the volunteer is cleared to perform the volunteer position assigned. I agree to this.	YES	NO
4. Do you have any relatives working at Goodwin or on our Board of Directors?	YES	NO
5. I release, and hold harmless Goodwin from any and all liability claims, and causes of action, of whatever kind or nature (including any injury caused by negligence) incurred in conjunction with the volunteer service.	YES	NO
6. In consideration for the processing of my application for volunteering with Goodwin, I hereby RELEASE, INDEMNIFY, AND HOLD HARMLESS GCH and all previous employers and other persons and organizations furnishing information in connection with Goodwin's investigation into my background from any and all liability based on their authorized receipt, disclosure, and use of the information gathered in processing my application for volunteerism with Goodwin.	YES	NO
7. I understand that if I am extended an offer for volunteering, any offer is contingent upon a satisfactory background check and, depending on the position I am offered, my submission to a medical examination to determine my ability to perform the essential functions of the position offered. I also understand that if offered a position I will be a volunteer-at-will.	YES	NO
I certify that all the above information is true and complete. I understand that any misrepresentation or omission may result in my disqualification from further consideration for volunteer opportunities and/or my termination from such.	YES	NO

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Signature _____	Date _____
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Printed Name _____
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Thank you for completing this application form and for your interest in volunteering with us.

Reviewed by: _____	Date: _____
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