



## 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.

Blank lines for summarizing previous volunteer experience.

**Background Information / Authorizations**

|  |     |    |
|--|-----|----|
| 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 |

Blank line for signature or date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_