

ECHO Community Health Care, Inc Volunteer Application

Date: _____

Name: _____ E-mail: _____

Home Address:

City: _____ State/Prov: _____ Zip/postal Code: _____

Home phone (____) _____ Cell phone: (____) _____

Information Needed for Criminal Record Check

Date of birth: _____ Sex: Male Female

Social Security No: (for required background check, depending on placement assigned). _____

Education

Highest grade completed: High School GED College

Course of Study:

Other formal education and/or training:

Professional Certification:

Personal Information

Have you ever been arrested for a crime and/or incarcerated? Yes No

If so, please explain:

Name of Reference:

a. Name: _____ Daytime phone: (____) _____

Address:

Name of Reference:

a. Name: _____ Daytime phone: (____) _____

Address:

Name of Reference:

a. Name: _____ Daytime phone: (____) _____

Address:

Please check the subjects and jobs that interest you:

Language interpreters (listed on survey; Spanish, Chinese and Sign Language)

Faxing and Mailings

Scanning of old records

Clerical (typing, filing, health fair tasks, etc.)

Clinical work (patient intake in clinic, special health fairs, etc.)

Split up and alternate days in clinic to do clerical tasks (scanning, filing, mailings)

Other: _____

List any other skills, hobbies, or interests you have that might be helpful in your volunteer:

Do you speak any languages other than English? Yes No

If yes, which?

Read

Write

Do you feel you would be unable to work objectively with any type of client?

Yes

No

If yes, please explain:

Personal Emergency

Person to contact in case of emergency:

Name: _____ Relationship: _____

Address: _____

Home phone: (____) _____ Work phone: (____) _____

Statement of Agreement to Provide Volunteer Services

I am interested in serving as a ECHC volunteer. I am prepared to receive training and to devote the agreed- upon time to the purpose. I will hold ECHC blameless if I incur injury incident to my work as a volunteer.

I am donating my services to ECHC for my own personal purposes or pleasure or for civic, charitable and/or humanitarian reasons. I have no expectation of any compensation, pay, fee or other benefits for my volunteer services. I agree that I am not entitled to any wages or employee benefits to which ECHC employees are entitled. ECHC has not promised me any compensation for any services I render as a volunteer. Finally, ECHC has not promised or suggested that I will receive any employment opportunities, or greater future consideration for an employment opportunity, as a result of my volunteer service.

As a volunteer, I understand ECHC requires a criminal background check. I grant my permission for such a check. I give ECHC staff permission to contact listed references. I also understand that I will sign a confidentiality statement and may need to be immunized, depending on the placement (s) assigned.

All information in this application form is complete and accurate.

Applicant's signature

Date