CHS Healthcare Volunteer Application

Name: Mr. Mrs. Ms. Dr. ____
First Name Last Name

(Optional) Spouse Name: ____

Local Address: ____
Street City State Zip

Local Phone Number: ( ) ____________________ **Email**: ______________________________

Alternate Address: ____
Street City State Zip

Alternate Phone Number: ( ) ____________________

Emergency Contact: ____(______)______________
Print Name Relationship Phone Number

Are you 18 or older? Yes No If not, what is your date of birth? ______________________________

Preferences:

__ Working With Children

__ Working With Adults

__ Working From Home

__ Working In A Clinic Setting

__ Working In An Office

__ Working on Special Projects

__ Public Speaking/Public Relations

__ Interpreting (Bi/Multi-lingual)
Language______________________

__ Data Entry, Typing

__ Mailings, Stuffing Envelopes

__ Creating Flyers, Posters, Materials etc.

__ Pulling Records, Copying, Filing

__ Teaching/Public Health

__ Event Planning/Coordinating

__ Strategic Planning (Council, Board etc.)

Area of interest:

__ Reach Out and Read (ROR) *Reader*

__ Ronald McDonald Care Mobile®

__ Professional Clinical Support
(Drs, RNs, DDS, other certified professionals)

__ Administrative Support

FL License? Y N License # ______________________

Availability:
I can commit to working from ______________________ to ______________________.
Month / Date Month / Date

Preferences (circle): weekdays: mornings afternoons evenings / Saturdays / Sundays / Other

Comments: ____

Please provide two character references (non-relatives) that would be willing to talk to us about you.

1. ____(______)_______________
PRINT: First & Last Name **Address** **Phone Number**

2. ____(______)_______________
PRINT: First & Last Name **Address** **Phone Number**

CHS Healthcare (Collier Health Services, Inc). is a smoke free, drug free, violence free employer with a zero tolerance policy for its Volunteer Program prohibiting any type of discrimination based on age, race, sex, sexual orientation, religion, national origin, veteran's status or disability.

I will take all appropriate steps to maintain the safety and health of our patients, visitors, volunteers and staff at all times. Honesty and integrity are important values of our programs.

Do you have any current or pending investigations? Y N (Please attach explanations for all investigations.)

Have you ever been convicted *of* / entered a plea of nolo-contendre *to* a crime against person or property? Y N
If yes, please attach a separate sheet of paper explaining the situation.

Initials: _________

I pledge that the statements and information provided herein are truthful and accurate to the best of my knowledge, understanding that any intent to mislead via omission or misrepresentation of the facts provided herein is grounds for immediate dismissal from the CHS Volunteer Program. All offers of volunteer placement are contingent upon receipt of all necessary materials, successful completion of training, successful job performance and the maintenance of good moral and ethical character.

____
Volunteer Applicant Signature Date

____
Parent/Legal Guardian Signature Phone Date

CHS Healthcare Volunteer Program Space

Application Received By: ____ ____/____/____
CHS Representative Date

Interview Date: ____/____/____

Interviewer: ____________________________________

Received and Filed:

- O Copy of Current Driver's License
- O Copy of Current Vaccine Record
- O Copy of License(s)
- O Copy of Parental Permission
- O Other: _________________
- O Copy of Explanation: Investigation /Conviction