



Volunteer Application

Name _____

Address _____

Phone No. _____ Email Address _____

AVAILABILITY

Long-term Short-term Special Event

Please indicate the number of hours per day that you would volunteer in the boxes marked with day(s) you are available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you currently in school? Yes No If yes, where? _____

SKILLS AND INTEREST

Current / Previous Occupation:
Previous volunteer experience:
Hobbies, interests, skills:
Special training, certification:
What / who prompted you to volunteer now?

REFERENCE INFORMATION If you know someone who currently works at The Center, please list their name. Otherwise, list a personal reference, other than a family member. If you are required to volunteer, please list your supervisor.

Name:	Relationship:
Work Phone:	Alternate Number:

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? If yes, please explain.

No Yes _____

Have you ever had substantiated abuse or neglect charges made against you? If yes, please explain.

No Yes _____

EMERGENCY CONTACT

In case of emergency, contact:

Name:	Relationship:
Work Phone:	Cell/Home Phone:

I agree to abide by the procedures set forth by The Center for Head Injury Services, and that any duties that I perform are as a volunteer. I also understand that it is my responsibility to update any address, emergency, or other changes to the information on this form.

Signature:	Date:
Parent/Guardian (if under 18 years of age):	

CONFIDENTIALITY: It is the belief of the Center for Head Injury Services that all medical, financial, and personal information pertaining to a consumer is confidential and is protected from unauthorized viewing, discussion, and disclosure. Therefore, volunteers may look at, use, or disclose consumer information ONLY as it relates to the performance of their duties. Any unauthorized viewing, discussion, or disclosure will provide grounds for immediate dismissal. Whenever it is questionable as to what information is confidential, it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs. I acknowledge and have read the statements above and agree to abide by the expectations of the Center for Head Injury Services.

Please initial: _____

Thank you!

For Office Use:	Date Rec'd _____	Date Contacted _____	Interviewed Date: _____
	Placement _____	Responsibility _____	Orientation / Training _____