HEALTH CARE CENTER FOR THE HOMELESS, INC

VOLUNTEER TEAM MEMBER APPLICATION

Basics:

Name: _____

Address: _____

Phone: _____ Email: _____

Driver's License #: _____ Social Security #: _____

Demographics: (Optional)

Date of birth: _____ Place of birth: _____

Gender: _____ Ethnicity: _____

Details: (Optional)

High School/Colleges Attended: _____

_____

Degree(s): _____

Special Skills: _____

_____

Hobbies/Interests: _____

_____

How did you hear about this volunteer opportunity? _____

_____

Why are you interested in volunteering with HCCH? _____

_____

_____ _____

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Availability: Please insert times between 8AM-6PM on days that you are available to volunteer.

MONDAY:	TUESDAY:	WEDNESDAY:	THURSDAY:	FRIDAY:
_____	_____	_____	_____	_____

Preferred number of days/hours a week: _____

Are you filling an hourly requirement? _____ If so, how many total hours do you need? _____

Do you have any other specific preferences in regards to your availability or your volunteer experience?

_____

Personal References (2):

Name: _____ Relationship:_____

Phone Number: _____ Email: _____

Name: _____ Relationship:_____

Phone Number: _____ Email: _____

Understandings & Agreements:

The volunteer understands that the Health Care Center for the Homeless, Inc. (HCCH), may perform a background check and gives permission to this action.

The volunteer agrees to indemnify and hold harmless HCCH from any responsibility for property damage, theft or personal injury resulting from activities or actions undertaken by the volunteer for or on behalf of the agency.

The volunteer understands that he/she is not an employee and as such HCCH shall not provide worker's compensation insurance or any other benefit or coverage.

The volunteer understands that these statements are not inclusive.

Signature/Date: _____

Witness Signature/Date: _____

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Agreement/Informed Consent:

I, _____, am over the age of 18 and hereby willingly agree to volunteer my services at the Health Care Center for the Homeless, Inc. I understand and agree that I will not be compensated for my services in any way.

I understand that I will not perform any phlebotomy procedures.

I understand that, as a student or volunteer, I must have adequate personal medical coverage as the Health Care Center for the Homeless cannot assume responsibility for any adverse incidents that may occur.

I understand that, despite the best efforts of all, accidents can happen, and I agree to hold Health Care Center for the Homeless harmless in the event that any adverse event occurs to me during my association with the organization; whether due to the negligence of Health Care Center for the Homeless or any of its staff, my own negligence, the negligence of other volunteers or the patients themselves.

Signature/Date: _____

HEALTH CARE CENTER FOR THE HOMELESS, INC

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Emergency Information:

Volunteer Name:_____

Address: _____

City/State/Zip: _____

Primary Phone Number: _____

Alternate Phone Number: _____

E-mail address: _____

Emergency Contact Person:

Name: _____

Primary Phone Number: _____

Relationship: _____

**This information will be incorporated into an internal emergency phone list.*
Your information will not be shared with any third parties or other persons outside Health Care Center for the Homeless, Inc.

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Consent for Criminal Background Check:

I, _____, voluntarily give my consent to the Health Care Center for the Homeless, Inc. to obtain a Criminal Background Screen. I understand that any screens may be obtained at anytime during my association with the Health Care Center for the Homeless, Inc.

I understand that if a manager of the Health Care Center for the Homeless, Inc or any outreach entity makes a request for a Criminal Background Screen for reasons of suspicion, the results of this testing may be released to my supervisor or authorized member of management who may use this information as necessary. I understand that the Health Care Center for the Homeless, Inc. will not release the results of any Criminal Background Screen to any sources other than the aforementioned unless the results are subpoenaed by representatives of the legal system or expressly authorized for release by me.

I hereby release the Health Care Center for the Homeless, Inc. from any liability or consequences resulting from the reporting of my Criminal Background Screen results to the above-mentioned entities or individuals.

Name: _____

Address: _____

_____

Social Security Number: _____ Date of Birth: _____

Signature of Witness: _____ Date: _____

I hereby state that I have no felony or misdemeanor (excluding traffic misdemeanor) convictions against me.

_____

Applicant Signature Date

Disclosure of Convictions if applicable: _____

_____

_____

_____

Applicant Signature Date

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