

Today's Date: _____

Stanton Healthcare
Confidential Volunteer Application

PERSONAL INFORMATION:

Name: _____ Email: _____

Address: _____

Home Telephone #: _____ Work #: _____ Cell #: _____

Occupation: _____ Hours /week _____ Marital Status _____

Previous Occupation: _____

Spouse's Name (if applicable) _____ Occupation: _____

Previous Volunteer Experience: _____

Do you attend a local church? _____ If so, where? _____

SKILLS & EDUCATION

What is the extent of your formal education? _____

Area of Concentration? _____

How did you find out about Stanton Healthcare? _____

What special skills, training and or previous volunteer work do you have?

In which of the following areas would you be interested in getting involved (check as many as you wish)?

Administrative

- _____ Receptionist
- _____ Bookkeeping
- _____ Supply maintenance
- _____ Data Entry

Professional

- _____ MD
- _____ Registered Nurse
- _____ Accountant
- _____ Therapist

REFERENCES

We will need two letters of reference from people who have known you for at least one year and who can comment on your potential as a volunteer. We will be in contact with the individuals below upon review of your application. Thank you.

	Reference 1	Reference 2	Reference 3
Name/Occupation			
Address			
Phone Number			

VOLUNTEER CONDITIONS

I acknowledge that I am applying to be a volunteer and will not be entitled to pay with Stanton Healthcare.

Stanton Healthcare will immediately terminate any volunteer who breaches confidentiality about clients, internal financial and management matters, staff members, contributors, and other volunteers. By signing below, I agree to maintain the confidentiality of all information, even after my active volunteer status has ended. Unauthorized use or disclosure by me of any such information constitutes a breach of promise of my volunteer commitment to Stanton Healthcare.

By signing, I attest that all of the above is true: _____
Signature **Date**