

APPLICATION FOR VOLUNTEERS AT GRANT REHABILITATION AND CARE CENTER

We consider applications for all volunteer positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

1. Name _____

2. Address _____

3. Phone _____

4. Volunteer position applied for _____

5. Date of application _____

6. If you are under 18 years of age will your parents sign a permission slip saying that you have their permission to volunteer? _____

7. Have you ever volunteered or worked here before? _____

If yes, in what capacity? _____

8. Have you ever volunteered anywhere before? _____

If yes, where? _____ May we contact them? _____

9. What days/time would you be available to volunteer? _____

10. Have you been convicted of a felony _____ (conviction will not necessarily disqualify you) If yes, please explain: _____

11. What qualifications do you possess that will make you a good volunteer at Grant Rehabilitation and Care Center? _____

12. Why did you choose Grant Rehabilitation and Care Center to volunteer?

13. In case of emergency, who would we contact?

Name: _____ Phone _____

14. Please give two references other than relatives that we may contact:

1. Name _____ Phone _____
2. Name _____ Phone _____

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for volunteering as may be necessary in placing me in a volunteer position.

I hereby understand and acknowledge that, unless otherwise defined by law, this volunteer relationship is of an at-will nature, which means that the volunteer may resign at any time and the Activity Director may terminate the volunteer at any time without cause.

In the event of being able to volunteer, I understand that false or misleading information given in my application or interview may result in termination. I understand that I am required to abide by all rules and policies of Grant Rehabilitation and Care Center.

Signature of Applicant

Date

VOLUNTEER PERSONAL REFERENCE CHECK
AT
GRANT REHABILITATION AND CARE CENTER

Release: I, _____, authorize release of any information requested on this form and release the person who responds from any and all liability in connection with their doing so.

Date: _____ Volunteer Signature: _____

Date: _____

Reference person name: _____

The above named individual has applied to be a volunteer with Grant Rehabilitation and Care Center and has listed your name as a personal reference. We would appreciate your cooperation in completing this form and returning it to us at your earliest convenience. Thank you.

Applicant Data:

1. How long have you known this person? _____

2. What is your relationship to him / her? _____

(Friend, family, etc.)

3. Would you say this person is:

** Honest Yes _____ No _____

** Reliable Yes _____ No _____

** Dependable Yes _____ No _____

** Able to get along with others Yes _____ No _____

4. Do you feel there is a reason that he/she does not qualify to be a volunteer?

YES _____ NO _____

If yes, please explain:

Signature of Person Completing Form: _____

Facility Use Only: _____ Completed by phone to call person listed as reference

The activity staff reserve the right to accept this person as a volunteer regardless of this personal reference.

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