Hope for One Tomorrow

**Volunteers in Action helping those who need it –**

**VOLUNTEER APPLICATION FORM**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M.I.\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Name, relationship, phone numbers):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

Undergraduate School:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate/Med/Tech School:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER ACTIVITY DESIRED**

Physician Psychiatrist Physician Assistant

Nurse Practitioner Pharmacist Pharmacist Tech

Nurse Phlebotomist Mental Health Clinician

Nutritionist Interpreter/Translator (please indicate Spanish, Chinese, Tagalog)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FREQUENCY DESIRED**

one shift per week two shifts per month

one shift per month as needed

other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AVAILABILITY** (please check all that apply)

Available weekdays

Available weekday evenings (specify which day(s))\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Available Saturday

Do you have any health limitations that might affect the work what you do for Hope for One Tomorrow? Please Explain

**Hope for One Tomorrow**

**VOLUNTEER AGREEMENT**

If accepted as a volunteer at Hope for One Tomorrow, I agree to the following:

1. I will hold all information that I may obtain directly or indirectly concerning patients, doctors, and/or

staff, as **ABSOLUTELY CONFIDENTIAL**.

2. I will not solicit my political or religious beliefs to patients, their families, and/or other volunteers or staff.

3. My services are donated to Hope for One Tomorrow, without contemplation of

compensation or promise of future employment.

4. I understand that a criminal background check may be required depending on the area of my volunteer

assignment.

5. I understand that a 6 month commitment to my volunteer position is expected.

6. I will be punctual and conscientious, conduct myself with dignity, courtesy, respect and consideration

of others, and will uphold standards of professionalism and quality in all of my work.

7. I will make every effort to resolve any problems related to my volunteer assignment with my supervisor

and the Volunteer Program Manager.

8. I will make my best effort to fulfill my commitment to HFOT (Hope for One Tomorrow), by

completing all volunteer assignments that I accept.

9. I understand that HFOT (Hope for One Tomorrow), reserves the right to terminate my volunteer

status as a result of failure to comply with Hope For One Tomorrow, policy; absences

without prior notification; unsatisfactory attitude, work or appearance; or any other circumstance which

in the judgment of Hope For One Tomorrow, would make my continued service as a

volunteer contrary to the best interests of Hope For One Tomorrow,.

10. I understand that it is a violation of Hope For One Tomorrow, policy to solicit business or act as an agent for outside business, or to solicit business from patients, volunteers or staff.

11. I will not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or

distribute political petitions on Hope For One Tomorrow, property, unless I receive explicit

authorization from Hope For One Tomorrow,.

I have read, understand and agree to each of the above conditions.

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Volunteer Signature Date