Today's Date:	
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## **Stanton Healthcare**Confidential Volunteer Application

PERSONAL INFORMATION:					
Name:					
Address:					
Home Telephone #:	Work #:	Cell #:			
Occupation:	Hours /week	Marital Status			
Previous Occupation:					
Spouse's Name (if applicable)	Oco	cupation:			
Previous Volunteer Experience:					
Do you attend a local church? If so, where?					
SKILLS & EDUCATION					
What is the extent of your formal educ	cation?				
Area of Concentration?					
How did you find out about Stanton H	lealthcare?				
What special skills, training and or previous volunteer work do you have?					
In which of the following areas would you wish)?	you be interested in	getting involved (check as many as			
Administrative		Professional			
Receptionist		MD			
Bookkeeping Supply maintenance		Registered Nurse Accountant			
Data Entry		Therapist			

Person to co	ontact in an e	mergency				
EMERGEN	NCY CONTA	CT INFORM	ATION			
Hours per	week availa	ble to work:				<del></del>
Prefer to w	vork: □ Reg	ular Hours	□С	n Call	□ Speci	fic Events
Hours:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Please list a	_	·	ilable to volunte		1	
AVAILAB	ILITY					
Briefly state	why you are i	nterested in vo	olunteering with	the Center?		
BACKGRO	OUND					
		_				
Other		_			Donor Develo Church Outre	
	xual Integrity	Program			Fundraising Advertising/N	
	ient Advocate st-abortion cou	inselor			Public Relatic Speaker's Bu	
Q11				_ ,	D 111 D 1	

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			
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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