

VOLUNTEER APPLICATION

DATE _____

Name: _____ () Male () Female

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Birth date (year optional): _____ Email: _____

Emergency Contact: _____ Phone: _____

Occupation/Area of Study: _____

Previous Volunteer Experience: _____

Languages Spoken: _____

Other Skills: _____

Reasons for seeking volunteer work with this organization: _____

State your goals for providing services here:

Availability:

	M	T	W	TH	F	S	SU
A.M. Hours							
P.M. Hours							

Please check areas of interest:

Arts/Crafts___ Music___ Exercise___ Clerical Assistance___

Translation___ Letter Writing___ Meal Service___ Table Games___

One-to-one companionship___ Community Outings___ Other_____

Reference (non family): _____ Phone: _____

Reference (non-family): _____ Phone: _____

Have you ever been convicted of a felony? ___Yes ___No If yes, please explain:

Volunteer Health Status

1. **Medical History:** I certify that I have no physical disabilities, communicable diseases or other medical problems that would prevent me from working in a health facility with the following exceptions (if the answer is "none," please state "none") _____

Restrictions (please describe): _____

2. **Tuberculosis (TB) Testing:** All staff and volunteers must provide written proof of a recent negative TB skin test—or if skin test is positive, a chest X-ray and/or TB symptom questionnaire.

TB skin test done? If "yes" please indicate date Yes () No () Date: _____

If positive, did you have a chest X-ray? Yes () No () Date: _____

If your skin test is positive, will you take a chest X-ray? (These are free at San Francisco General Hospital) Yes () No ()

I certify that the foregoing information is true and accurate, and understand that the references I have listed may be contacted as part of On Lok's screening process.

Signature: _____ Date: _____

VOLUNTEER AGREEMENT

I agree to join the On Lok Volunteer Staff as a (position): _____ at the

_____ Center for a minimum of six months, or 40 hours. My schedule will be:

Day(s): _____ Times: _____

I have been given preliminary orientation and training about my volunteer job, and have received and read the volunteer handbook which deals with universal precautions, confidentiality, and volunteer safety responsibilities, and I agree to follow these guidelines.

Volunteer: _____ Date: _____

Volunteer Coordinator: _____ Date: _____