



Confluence Health Volunteer Application Form

Identification:

Name: Last: _____ First: _____ MI _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Email address _____ Today's Date: _____

Are you under 18 years of age? Yes No Date of Birth: ____/____/____

Are you able to commit to at least 6 mos./100 hours of volunteer service? Yes No

Person to contact in case of Emergency: _____

Phone #: _____ Relationship: _____

Have you ever been employed at CWH? Yes No If Yes, when? _____

Work Preferences:

Please list areas of interest: _____

Date available to start: _____

Time Available:

Mon Tues Wed Thurs Fri Sat Sun

Morning Afternoon Evenings

Hours per shift: 2 hours 3 hours 4 hours Other

Number of shifts per week: _____

How did you learn about the volunteer program? _____

Prior Experience:

Volunteer: _____

Work: _____

Education			
Name of School	Field of Study	Graduated yes/no	Diploma/Certificate

References: (Must be over 18 and not an immediate family member.)

1. Personal Reference:

Name: _____ Phone Number: _____

Organization: _____

Describe type and length of acquaintance:

2. Employment Reference:

***(If no employment history, please list additional references)**

Name: _____ Phone Number: _____

Organization: _____

Describe type and length of acquaintance:

Important Notice:

I understand that my services are donated to Confluence Health without contemplation of compensation or future employment and given with humanitarian or charitable reasons.

I consent to and authorize Confluence Health and its Volunteer office to request any information concerning criminal conviction record information from the Washington State Patrol Identification and Criminal History Section Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.840.

Signature: _____ Date: _____

**Please attached a copy of your government issued ID