

"Our volunteers are the difference."

Volunteer Application

Complete and return to the address at the bottom of this page.

APPLICANT INFORMATION ~ Print clearly

| | |
|----------------------|-------------------|
| Name | Today's Date |
| Address | Date of Birth |
| City, State, Zip | Social Security # |
| Email | Home Phone |
| Language(s) Spoken | Work Phone |
| Special Skills | |
| Physical Limitations | |

IN CASE OF EMERGENCY, CONTACT

| |
|--------------|
| Name |
| Phone(s) |
| Relationship |

VOLUNTEER EXPERIENCE

| | |
|----------------------|--------------------|
| Organization | Volunteer Position |
| Supervisor's Name | Phone |
| Start Date | End Date |
| Describe Your Duties | |

WORK EXPERIENCE

| | |
|----------------------|----------|
| Organization | Position |
| Supervisor's Name | Phone |
| Start Date | End Date |
| Describe Your Duties | |

Over for Page 2...

WHY DID YOU CHOOSE THE SPEECH AND HEARING CENTER? Check all that apply.

| | |
|---|--|
| <input type="checkbox"/> I live nearby. | <input type="checkbox"/> I like to work with people. |
| <input type="checkbox"/> I'm familiar with speech and hearing healthcare. | <input type="checkbox"/> I want to invest some time in my community. |
| <input type="checkbox"/> A relative works at The Speech and Hearing Center. | <input type="checkbox"/> I enjoy helping out at special events. |
| <input type="checkbox"/> I need community service hours for high school. | <input type="checkbox"/> Other |

DAYS AVAILABLE Check the days and indicate the times that you are available.

| Day | Time Available |
|------------------------------------|----------------|
| <input type="checkbox"/> Monday | |
| <input type="checkbox"/> Tuesday | |
| <input type="checkbox"/> Wednesday | |
| <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Friday | |
| <input type="checkbox"/> Saturday | |
| <input type="checkbox"/> Sunday | |

VOLUNTEER QUALITY-OF-PARTICIPATION STATEMENT

If you are offered a volunteer position at The Sertoma Speech and Hearing Center and you accept it, you will be required to sign the following statement:

As a volunteer for The Sertoma Speech and Hearing Center, I, _____, promise to uphold the policies and procedures of The Sertoma Speech and Hearing Center that ensure that staff and volunteers of the organization work harmoniously to create quality programs and services for our patients and for the community. Furthermore, I understand that if I do not meet the standards necessary to uphold these practices that I will be asked to resign my volunteer status so that I do not jeopardize the quality of programs, services, or reputation of The Sertoma Speech and Hearing Center.

Signature _____ Date _____

FOR OFFICE USE ONLY

| | | |
|---------------------------|------------------|------------|
| 1st Interview | Date | Given by |
| 2nd Interview | Date | Given by |
| Volunteer Position | Supervisor | Day & Time |
| References | Date | |
| Quality Statement Signed | Date | |
| Criminal Background Check | Date | |
| Accepted | Date | |
| Rejected | Date | Reason |
| Start Date | Orientation Date | |