

**SALVUS CENTER INC. LLC
VOLUNTEER APPLICATION**

Name: _____ Date: _____

Address: _____

Phone Number: _____ Birth Date: _____

Email Address: _____

Social Security Number: _____

Spouse Name: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Phone: _____

CURRENT EMPLOYMENT INFORMATION:

Name of Employer: _____

Address: _____

Phone Number: _____ Length of employment _____

Have you ever been convicted of a felony? _____ Yes _____ No

VOLUNTEER EXPERIENCE:

Place of Service: _____ Date of Service: _____

Place of Service: _____ Date of Service: _____

List any special skills you have (typing, computer, etc.)

Hobbies: _____

*****Continued*****

Are you able to perform all duties required of a volunteer? List limitations, if any.

EMPLOYMENT EXPERIENCE:

Place of Employment; _____

Dates of Employment; _____

Place of Employment: _____

Dates of Employment: _____

Place of Employment: _____

Dates of Employment: _____

REFERENCES:

Please list two personal references that we may call about your volunteer interest:

Name _____ Phone _____

Name _____ Phone _____

Name of family doctor: _____

How did you become interested in our volunteer program? _____

Please list the days and times you would be available for volunteer work.

We also ask for two letters of reference to accompany this application. These are personal references from your minister, neighbor, co-worker or friend. We will also ask for your consent to have background checks done as part of the application process.

SALVUS CENTER, INC. VOLUNTEER ACCEPTANCE FORM

If accepted as a volunteer at Salvus Center, Inc., I agree that:

I shall hold as ABSOLUTELY CONFIDENTIAL all information that I may obtain directly or indirectly concerning patients, doctors, or personnel, and I will not seek to obtain confidential information from a patient.

My services are donated to the clinic without contemplation of compensation or future employment, and given with humanitarian, religious and/or charitable reasons.

I shall not sell or attempt to sell goods or services, request contribution, or to solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Executive Director to engage in these activities. I shall submit to examinations, which may include chest x-rays, skin tests, appropriate laboratory tests and/or immunizations that may be necessary as part of my volunteer service. I hereby authorize my physician(s) to furnish the clinic with information concerning my health. I also authorize the person(s) performing tests or x-ray films to report the results to the clinic.

I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.

I shall attempt to resolve any problems related to my volunteer activities with the involved individuals and, if unsuccessful, attempt to resolve any such problems with the Executive Director.

I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.

I shall at all times uphold the philosophy, mission, and standards of the facility.

I understand that Salvus Center, Inc. reserves the right to terminate my volunteer status as a result of a) failure to comply with clinic policies, rules and regulations; b) unsatisfactory attitude, work or appearance; c) absences without prior notification; or d) any other circumstances which, in the judgment of the staff, would make my continued service as a volunteer contrary to the best interest of the clinic.

I have read the above conditions and I agree to be bound by them.

Volunteer Signature Date