



### VOLUNTEER APPLICATION

**Directions:** Please complete this application form and email the form to [hr@halocares.org](mailto:hr@halocares.org). Applicant will be notify at least 30 days prior to his/her start date regarding the health center's decision.

APPLICANT INFORMATION						
Last Name	First Name	Middle Initial	Date of Birth	Social Security No.		
Street Address		City	State	Zip Code		
Phone No.		Email Address				
Date You Can Start			Total Hours Needed:			
Please list your availabilities to work per day below:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

1. Are you vaccinated against COVID-19? Yes No
  - a. If yes, would you be able to provide verification regarding your vaccination? Yes No
  - b. If no, would you be willing to get vaccinated? Yes No
2. Are you vaccinated against Hepatitis B? Yes No
3. Do you speak another language other than English? Yes No
  - a. If yes, what language(s)?

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4. Which department would you be interested in volunteering medical or dental?

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5. Can you sit, stand, or walk for 4-6 hours per day? Yes No
6. Can you lift and/or carry up to 25 pounds? Yes No
7. Will you be needing any accommodations to perform your volunteer duties? If so, please describe below:

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**EMERGENCY CONTACT**

Name:	Relationship to Applicant:
Phone No.	Email Address:

Name:	Relationship to Applicant:
Phone No.	Email Address:

**EDUCATION**

School Name	Address	Date Attended	Did you graduate?	Degree/Area of Study

**PREVIOUS EMPLOYMENT**

Job Title:	Dates of Employment:
Company Name:	Company Address:
Supervisor Name:	Supervisor's Phone No.
Reason for Leaving:	May we contact your previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No

Job Title:	Dates of Employment:
Company Name:	Company Address:
Supervisor Name:	Supervisor's Phone No.
Reason for Leaving:	May we contact your previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No

Job Title:		Dates of Employment:
Company Name:	Company Address:	
Supervisor Name:	Supervisor's Phone No.	
Reason for Leaving:		May we contact your previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No

**DISCLAIMER AND SIGNATURE**

I affirm that the information I have provided in this application is true to the best of my knowledge and I have not knowingly withheld any information. I understand that withholding or mis-stating any information requested on this application is grounds for rejection of application and grounds for discharge.

I authorize the company to verify, previous employment, education/training and other information provided on this application and resume/CV, unless noted otherwise. I also authorize the company to contact my supervisors, schools listed on this application and resume/CV with or without giving me prior notice. In addition, I release the company, my former employer, and all other persons or entities on this application from any and all claims demands or liabilities arising out of or in any way related to my employment application or disclosure.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_