

"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	

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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	