

## Volunteer Services Adult Volunteer Application

An Equal Opportunity Employer. Marian Dental Clinic does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, disability or any other status protected by law/regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on position-related factors.

Today's Date: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
Last First Middle Initial

Nickname: \_\_\_\_\_

Home Address: (including zip code) \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Have you ever applied or volunteered with us before?  No  Yes If yes, in what year? \_\_\_\_\_

Have you been known by another name?  No  Yes If yes, by what name? \_\_\_\_\_

### Education:

Check last year of school completed:  8  9  10  11  12 College # of years : \_\_\_\_\_

Undergraduate degree: \_\_\_\_\_ Graduate degree: \_\_\_\_\_

Special Training: \_\_\_\_\_

**Employment Information:**  Employed  Un-employed  Retired  Student

Employer's Name (or school): \_\_\_\_\_

If retired, what type of work? \_\_\_\_\_

Address (including dept.): \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_ Licenses/Certifications: \_\_\_\_\_

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### For Office Use Only :

Orientation Date \_\_\_\_\_ Interview Date \_\_\_\_\_

Service placed in \_\_\_\_\_ Day & time \_\_\_\_\_

Trainer \_\_\_\_\_ Day & time \_\_\_\_\_

Service placed in \_\_\_\_\_ Day & time \_\_\_\_\_

Trainer \_\_\_\_\_ Day & time \_\_\_\_\_

## Volunteer Information

Previous volunteer experience: \_\_\_\_\_  
\_\_\_\_\_

Why do you wish to volunteer: \_\_\_\_\_  
\_\_\_\_\_

Please check the times you are usually available for a volunteer assignment:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

**Interest/Skills** (Please check those you would be willing to share as volunteer) Feel free to write in anything that is not listed. We want to know about you!

Clerical skills:  typing  filing  accounting/bookkeeping  phones

Communication skills:  speaking/training  customer service  translating

Computer skills:  data entry  word processing

Patient care:  visiting patients  patient care assistant

Administrative skills:  fundraising  Website design/development  marketing  Facebook

Other skills, interests or special training: \_\_\_\_\_

### In Case of Emergency, please notify:

\_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Special Needs and/or comments: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about our volunteer program at Marian Dental Clinic?:  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? (other than a minor traffic violation) or participated in a pre-trial deferral or diversion program?  No  Yes

Is there any other information you would like us to know? If so, please enclose a separate sheet.

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I fully understand and agree to provide my services to Marian Dental Clinic as a volunteer in a voluntary capacity without any employment-type benefits, including but not limited to employment insurance programs, worker's compensation accrual or benefits in any form, vacations, or sick time.

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

## References

Thank you for your interest in volunteering with Marian Dental Clinic. To help us know more about you, please list references. A combination of personal and professional references is preferred. References can be people you know through church, your friends, co-workers, supervisors/managers you have worked for, people you know through community activities, etc. People you name as references should be knowledgeable about the skills, experience and personal qualities that qualify you for volunteering at Marian Dental Clinic. If you have volunteered before at other agencies, please give us a reference from at least one of those agencies. **Please return this form with your application.** Thank you!

1. Name \_\_\_\_\_  
Position \_\_\_\_\_  
Daytime phone number \_\_\_\_\_  
How long have you known this person and in what capacity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name \_\_\_\_\_  
Position \_\_\_\_\_  
Daytime phone number \_\_\_\_\_  
How long have you known this person and in what capacity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name \_\_\_\_\_  
Position \_\_\_\_\_  
Daytime phone number \_\_\_\_\_  
How long have you known this person and in what capacity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

