(Attachment #1)

Lakeview Health Center

VOLUNTEER INFORMATION SHEET

Name: _____ Date of Birth: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ E-Mail Address: _____

Any past history of theft or abuse? Yes: _____ No: _____

In Case of an Emergency, Contact:

_____
Name Phone

Previous Work/Volunteer Experience:
_____
_____
_____

STUDENTS: Please Indicate Number of Required Volunteer Hours if Needed:
_____

School Name: _____ Area of Study: _____

Special Education, Skills, Training, or Interests which you feel would be relevant to working with Lakeview Health Center Residents:
_____
_____

Availability: (please mark days and times available)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

How many hours a week would you like to volunteer? _____

Personal References: (please use local references and do not use relatives)

Name: _____ Phone Number: _____ Occupation: _____

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AS A VOLUNTEER, I WILL ENDEAVOR TO BE PROMPT AND CONSISTENT IN MY VOLUNTEER SERVICE AND I WILL OBSERVE ALL FACILITY REGULATIONS.

SIGNATURE: _____ DATE: _____