

Butler County Community Health Consortium Volunteer Placement Form

(please print or type)

NAME _____ SS# _____

(Last) (First) (Middle)
ADDRESS _____ CITY _____ STATE _____ ZIP _____

BIRTHDATE _____ HOME PHONE _____ WORK PHONE _____
(year optional)

CONTACT IN CASE OF EMERGENCY _____
(name/relationship)

(home phone/work phone)

EDUCATION COMPLETED HIGH SCHOOL ____ COLLEGE ____ DEGREES _____

OCCUPATION _____

WORK EXPERIENCE _____

VOLUNTEER EXPERIENCE _____

INDICATE HOBBIES/SKILLS/SPECIAL INTEREST/FOREIGN OR SIGN LANGUAGE SKILLS:

AVAILABILITY:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
MID-DAY					
AFTERNOON					

PERSONAL OR PROFESSIONAL REFERENCE (PLEASE EXCLUDE RELATIVES)

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Have you been convicted of a felony or misdemeanor in the last 5 years? _____ Yes _____ No

SIGNATURE _____ DATE _____

YOUR SIGNATURE INDICATES YOUR APPROVAL FOR US TO CHECK REFERENCE. THE ORGANIZATION IS NOT OBLIGATED TO PROVIDE PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION OFFERED.

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE, SEX OR DISABILITY.

FOR OFFICE USE ONLY

INTERVIEW DATE _____	ACCEPTED: YES _____ NO _____
ASSIGNED CENTER _____	POSITION ASSIGNED _____
ORIENTATION DATE _____	FIRST DAY _____

Butler County Community Health Consortium

Volunteer Reference Request

Volunteer Name _____

Volunteer Signature _____

Reference Name _____

Reference Phone Number _____

Describe the volunteer applicant's customer service, social skills, and personality traits:

What do you know about his/her dependability?

Explain why you believe he/she will be an asset to Butler County Community Health Consortium's volunteer program:

If there is anything else you wish to share about this person, please do so:

Signature of person completing this form: _____

Title/relationship to applicant: _____ Date: _____

Thank you for completing this form. Please return this to Butler County Community Health Consortium in the postage paid envelope provided.

Reference completed by phone _____

Date _____

Reference completed by mail _____

Date returned _____

Butler County Community Health Consortium

VOLUNTEER AGREEMENT

If accepted into the volunteer program, I agree to:

1. Hold as absolutely confidential all information that I may obtain directly or indirectly concerning clients, client families or staff and not seek to obtain confidential information from a client.
2. Become familiar with the organization's policies and procedures and uphold its philosophy and standards.
3. Donate my services to the organization without contemplation of compensation or future employment.
4. Be punctual and conscientious, conduct myself with dignity, courtesy, and consideration of others, and endeavor to make my work professional in quality.
5. Maintain an appropriate well-groomed appearance during my volunteer time.
6. Attend orientation and in-service training as scheduled.
7. Carry out assignments and seek the assistance of the job supervisor when necessary.
8. Take any problems, criticism, or suggestions to my supervisor or to the Human Resources representative.
9. Work a specified number of hours on a schedule acceptable to the organization and me.
10. Adhere to the department's sign-in procedures.
11. Notify the assigned department manager if unable to work as scheduled.
12. Immediately notify the center manager of any injury or unusual occurrence witnessed in the health center.
13. Honor a minimum of six-month commitment toward volunteer service with the first three months being a probationary period.
14. I understand that Butler County Community Health Consortium reserves the right to terminate my volunteer status as a result of (a) failure to comply with organizational policies, rule, and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance, or (d) any other circumstances which, in the judgment of the department manager, would make my continued service as a volunteer contrary to the best interests of the organization.

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

Volunteer signature _____ Date _____