

Bethesda Health Group

Volunteer Application

Name _____ Birthday Month _____ Yr. _____

Address _____ City _____ State/Zip _____

Phone (H) _____ (W) _____

Cell _____ Email: _____

Skills, hobbies, special training _____

Previous volunteer experience _____

Why do you want to volunteer? _____

What do you expect? _____

Is there any accommodation that you believe can reasonably be made which would permit you to perform the essential functions of the volunteer job for which you are applying?

Emergency Contact _____ Phone _____

Are you allergic to any medications? Please specify: _____

Commitment:

Date you can begin _____ # Hours per week _____

Days and time preferred _____

What volunteer tasks interest you? _____

References (not relatives):

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

I acknowledge I have received orientation regarding volunteer service at Bethesda Dilworth. I understand it is my responsibility to notify the Volunteer Coordinator or supervisor to whom I have been assigned when I cannot fulfill my duties.

Volunteer _____ Date _____

Volunteer Coordinator _____ Date _____

**Junior Volunteer Program
Release of Responsibility**

I, _____, parent/guardian of _____
(print name) (print name)

Give permission to have my child participate in the Junior Volunteer Program: _____
(Name of Bethesda Residence/Service)

I hereby release Bethesda _____ from any responsibility for any untoward event that might occur as a result of my child's participation in the Junior Volunteer Program. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage that my child may sustain through his/her participation in normal or unusual acts associated with the above-named volunteer program, regardless of whose fault may be the cause of his/her injuries or damages. Even if caused by carelessness or negligence.

I have read, understood and agreed to the above terms this _____ day of _____, 20____.

(Parent/Guardian Signature)

(Witness (over 18 years of age- Parent must sign in the presence of the Witness))