

## **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?

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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 (insert Bethesda residence/service) \_\_\_\_\_. 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 (insert Bethesda Residence/Service) \_\_\_\_\_ 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))