

300 W. Clarendon Ave., Suite 200 Phoenix, AZ 85013 (602) 612-9771 Ifriedman@circlethecity.org

## **Adult Volunteer Application – Phase 1**

Requirements: Along with this completed application, must provide documentation for:

- Proof of CDC CoVid 19 vaccination is preferred. If not, volunteer must wear a mask when engaging with patients.
- Government issued photo ID (driver's license, etc.)
- 21 years of age or older
- Signed consent for conducting a Universal Criminal Background check
- Current TB reading
- Flu shot (December 1 through March 31)
- Clinical volunteers will have further requirements

Last Name:		First Name:		MI:			
Home Address:							
City:	State:	Zip:	County:				
Home Phone:		Mobile Phone:					
Email Address:							
	Emer	gency Contact Inform	nation				
Emergency Contact Name:		Relationship:					
Emergency Contact Phone: Emergency Contact Phone 2:							
Do you have any physical or special accommodation? If yes, please explain:	Yes	No	•	·			
	н	istory and Availabilit	:y				
How did you hear about our	, -						
Self Website Employ Approximately how many he							
Why do you wish to volunte	er?						
In what capacity do you wis	h to volunteer?						

**Employment/Experience/Education** 

Work Status: Student Homemaker Retired Seeking Employment Employed

Previous volunteer/community work:  Level of education completed: HS Diploma GED Some College Undergraduate Masters PhD femolled in college, where?  Hobbies, interests, extracurricular activities:  Languages: Other special skills:  Volunteer Availability  Time Sunday Monday Tuesday Wednesday Thursday Friday Saturday Mornings Afternoons Evenings No Patient Contact No Patient Contact Clerical Other:  Are you willing to be called for special projects? Yes No  Background Check  A background check will be conducted on all adult volunteer applicants. CTC conducts criminal history checks on every volunteer. Please note that conviction of a crime is not an automatic disqualification. We will need your signed consent to conduct a national criminal background check as a condition for volunteering.  No volunteer of CTC will discriminate against an applicant for volunteering or a fellow volunteer because of race, creed, color, religion, sex, national origin, ancestry, age or any physical or mental disability.  Is your volunteer service intended to satisfy court-ordered community service? Yes No  Volunteer Commitment to Confidentiality and Service  Should I be accepted as a CTC Volunteer, I agree to:  Commit to at least 6 consecutive months of volunteering with a frequency of at least every other week.  Maintain the confidentiality of all information which I may obtain directly or indirectly concerning patients, physicians, volunteers or staff:  Not seek confidential information in regard to any patient.  Uphold the Mission, Vision, Values and Code of Conduct of CTC.  Make every effort to fulfill my volunteer commitment.  Lecrify the statements made in this application are true and correct, and given voluntarily. I understand that I will not be paid for my services as a volunteer. Prior to the onset of serving as a volunteer, understand that I will not be paid for my services as a volunteer. Prior to the onset of serving as a volunteer, understand that will be required to complete an Orientation, Occupational Health Screeni	If employed, w	here and in v	what capacity:							
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Other special skills:   Volunteer Availability		•	•	a GED S	Some College U	ndergraduate	Masters Ph	nD		
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Applicant's Signature: Date:					_	-	in the rejection	of this application		
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