Circle the City
HEALING HOMELESSNESS. TOGETHER.

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Adult Volunteer Application – Phase 1

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

- **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: _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Emergency Contact Phone 2: _____

Do you have any physical or medical conditions which will limit your ability to perform volunteer service or will require special accommodation? Yes No

If yes, please explain: _____

History and Availability

How did you hear about our volunteer program?

Self Website Employee Volunteer School Advisor Other: _____

Approximately how many hours per month are you willing to volunteer: _____

Why do you wish to volunteer? _____

In what capacity do you wish to volunteer? _____

Employment/Experience/Education

Work Status: Student Homemaker Retired Seeking Employment Employed

If employed, where and in what capacity: _____

_____

Previous volunteer/community work: _____

_____

Level of education completed: HS Diploma GED Some College Undergraduate Masters PhD

If enrolled in college, where?

_____

Hobbies, interests, extracurricular activities:

_____

Languages: _____ Other special skills: _____

Volunteer Availability

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							

Do you prefer (circle one): 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.

I certify the statements made in this application are true and correct, and given voluntarily. I understand that my time and services are donated to CTC without contemplation of future employment and also understand that I will not be paid for my services as a volunteer. Prior to the onset of serving as a volunteer, I understand that I will be required to complete an Orientation, Occupational Health Screening and additional training that a service assignment may require.

I am aware that the misrepresentation and/or withholding of information may result in the rejection of this application or cause my discharge if discovered after volunteer service commences.

Applicant's Signature: _____ Date: _____