



# Volunteer Application

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Company or Volunteer Group Name (if applicable): \_\_\_\_\_

Are you capable of performing the essential functions required for the volunteer program with or without an accommodation?  No  Yes

## Position & Skills

(Please fill in the circles below of the volunteer opportunities you're interested in.)

- Client Greeter
- Answering Phones
- Assisting Clients with paperwork
- Filing paperwork
- Mobile Unit (driving, staffing)

Please use this section to tell us about any special knowledge or skills you could offer as a volunteer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available	_____	_____	_____	_____	_____	_____	_____

## References

Please list two professional references from current or prior employment or volunteer experience with contact information.

Reference 1 \_\_\_\_\_



Reference 2 \_\_\_\_\_

I certify that the answers provided on this application are true, accurate and complete. I acknowledge the confidential nature of the Department’s business and agree to maintain the confidentiality of the business affairs of the Department and its customers, at all times, before, during and after my time as a volunteer.

If required, I voluntarily consent to submit to a drug test at the request and expense of the Department and understand that Christian County Health Department reserves the right to conduct drug testing. For volunteer purposes and with my prior written consent, the Department may investigate my driving record and/or obtain consumer/criminal reports on me.

I hereby authorize all references listed to release to Christian County Health Department any and all information regarding my employment. In addition, I authorize Christian County Health Department to contact and obtain information from all references.

I hereby further release Christian County Health Department and any and all of its employees, of liability relating to, lawfully seeking and using truthful and non-defamatory information in the volunteer application process.

I have carefully read, understand and will comply with all aspects of the volunteer application disclosures stated in this document, and understand that **completion of this application does not guarantee acceptance to the Christian County Health Department volunteer program.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Volunteer Guidelines

These guidelines have been established to ensure your safety and a positive experience as a volunteer.

**Age Requirements.** Volunteers must be 16 years of age to volunteer. Volunteers 16-18 must have a minor waiver form completed by parent/guardian.

**Behavior.** Christian County Health Department expects its volunteers to conduct themselves in a businesslike manner while representing Christian County Health Department. Harassment of any kind, including verbal insults, bullying, physical contact, etc. is not tolerated. Drunkenness, gambling, fighting, swearing, and similar unprofessional activities are strictly prohibited while volunteering, as is inappropriate use of the internet.

**Dress Code.** Volunteers shall maintain a neat, clean, and well-groomed appearance at all times. Volunteers should be mindful of Christian County Health Department guidelines with regards to dress code prior to arriving to serve as a volunteer. Unacceptable Attire: Clothing containing and/or promoting violence, offensive words, logos or pictures (drugs, alcohol, sexuality, gangs or hate), torn or frayed clothing, sheer attire and revealing attire. Volunteers who do not adhere to the dress code will be asked to change their attire before serving with Christian County Health Department.

**Photographs.** Volunteers are welcome to take photographs of the Christian County Health Department facility and visitors. Due to confidentiality; however, volunteers should not take photographs that include any of Christian County Health Department's visitor faces without their consent.

**Personal Belongings.** Christian County Health Department does not provide an area for volunteers to securely store their valuables or belongings. Volunteers should limit what they bring to only items that needed while volunteering. Christian County Health Department does not assume responsibility for loss, damage or theft of personal property.

**Reporting.** Volunteers should notify the Office Coordinator at least 2 hours in advance if unable to volunteer during a previously committed shift.

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Signature

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Date

## Volunteer Agreement

1. I fully understand and agree that I am not an employee of Christian County Health Department;
2. My services are provided in a volunteer capacity without any expectation or promise, whether expressed or implied, of salary, compensation, or payment of any kind and without employment type benefits including, but not limited to, insurance programs, worker's compensation benefits, vacation or sick time;
3. I will perform my volunteer duties to the best of my abilities and in a professional manner;
4. I will familiarize myself with Christian County Health Department guidelines, policies and procedures and agree to comply with those at all times;
5. I will be present at all scheduled volunteer shifts and carry out my responsibilities promptly and reliably. If I cannot be present for a scheduled shift, I will give proper notice to the Office Coordinator so that alternate arrangements can be made;
6. I accept the guidance, evaluation, and direction of the Office Coordinator and the staff supervisor to whom I report;
7. I shall maintain the reputation and integrity of the Christian County Health Department at all times by adhering to the guidelines set forth in Christian County Health Department's policies and procedures including, but not limited to, confidentiality of information conveyed to volunteers unless said information has been released to the public;
8. All concerns, issues, and/or suggestions regarding the Christian County Health Department will be conveyed to the Office Coordinator or Administrator. I agree to not discuss such topics in public or media forums;
9. I will notify the Office Coordinator with notice of extended leave or resignation;
10. I understand that failure to comply with any or all of the above stated requirements can result in corrective action up to and including dismissal from volunteer duties with Christian County Health Department.

### Media Contact

I understand that all contact with the media whether print, television, radio, Internet or other shall be handled by Christian County Health Department Administrator. I agree that unless I am asked by the Administrator to be the part of a story of feature, I am not permitted to talk with or contact the media as a representative of Christian County Health Department. I understand that failure to comply with this policy may result in dismissal from the volunteer program at Christian County Health Department.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or legal guardian signature if volunteer is under 18

\_\_\_\_\_  
Date

## Volunteer Release and Waiver of Liability

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS

This Release and Waiver of Liability (the "Release") is executed on the date as signed by (the "Volunteer") in favor of Christian County Health Department, a nonprofit corporation, their directors, officers, employees, interns, visitors, other volunteers and agents (collectively "Christian County Health Department").

The Volunteer desires to work as a volunteer for Christian County Health Department and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include welcoming visitors, working special events in the evenings, holidays and/or weekends, daily maintenance of the facility, groundskeeping, and working in the Christian County Health Department offices.

The Volunteer does hereby freely, voluntarily and without duress execute this Release under the following terms:

- 1. Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless Christian County Health Department and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Christian County Health Department. Volunteer understands that this Release discharges Christian County Health Department from any liability or claim that the Volunteer may have against Christian County Health Department with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Christian County Health Department, whether caused by the negligence of Christian County Health Department or its officers, directors, employees, or agents, or otherwise. Volunteer also understand that Christian County Health Department does not assume any responsibility for or obligation to provide financial assistance or other assistance, including by not limited to medical, health, or disability insurance in the event of injury or illness.
- 2. Medical Treatment.** Volunteer does hereby release and forever discharge Christian County Health Department from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Christian County Health Department.
- 3. Assumption of Risk.** Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to heavy lifting, risk of personal injury, etc. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Christian County Health Department from all liability for injury, illness, death, or property damage resulting from the Activities.
- 4. Insurance.** Volunteer understands that, except as otherwise agreed to by Christian County Health Department in writing; Christian County Health Department does not carry or maintain health, medical, or disability insurance coverage for a Volunteer.
- 5. Photographic Release.** Volunteer does hereby grant and convey unto Christian County Health Department all right, title, and interest in any and all photographic images and video or audio recordings made by Christian County Health Department during the Volunteer's Activities with Christian County Health Department, including, but not limited to: royalties, proceeds, or other benefits derived from such photographs or recordings.
- 6. Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Missouri. Volunteer agrees that in the event that any clause or provision of the Release shall be held to be invalid by any court or competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed the Release as of the day and year below written.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer Emergency Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Any allergies, medication, or other information needed in an emergency:

\_\_\_\_\_