

Volunteer Application Adult Day Center of BH

Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
SSN# (Background Check)	
Date of Birth	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings Please list any specific days:
Weekday afternoons
Weekday evenings

Interests

Tell us in which areas you are interested in volunteering

Administration
Fundraising
Daily Guest Activities
Newsletter production

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Confidentiality

All information concerning clients, former clients, our staff, volunteers, financial data, and business records of ADCBH is confidential. "Confidential" means that you are free to talk about ADCBH, your program and your position; but you are not permitted to disclose clients' names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics. The board of directors, staff and our clients rely on volunteer staff to conform to the rule of confidentiality. ADCBH expects you to respect the privacy of clients and staff. This includes maintaining their personal and financial information as confidential.

Failure to maintain confidentiality may result in termination of your volunteer employment, or other corrective action. This policy is intended to protect you as well as ADCBH because in extreme cases, violations of this policy may also result in personal liability.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that ADCBH will complete a required background check that is required for state and federal funding.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.