

## Volunteer Application

Please Print Clearly & Provide Detailed Information

Volunteer area(s) of interest: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cell Message

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you under 18 years of age?  Yes  No If under 18, list age: \_\_\_\_\_

### Emergency Contacts:

Contact # 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Contact # 2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### Volunteer Work Preferences:

Please list 3 areas of interest: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Are you able to commit to at least 6 months/100 hours of volunteer service?  Yes  No

Have you ever been employed at Marimn Health?  Yes  No If Yes, when? \_\_\_\_\_

**Preferred Availability:**  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Morning  Afternoon  Evenings

Number of shifts per week: \_\_\_\_\_ Hours per shift:  2 hours  3 hours  4 hours  other: \_\_\_\_\_

**Previous Work and Volunteer Experience:**

Please describe experience, length of time and reason for leaving each position. (MM/YYYY)

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**References:** List name and telephone number of two **professional** references (**not** related to you)

1. Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Organization: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Organization: \_\_\_\_\_ Email: \_\_\_\_\_

**Important Notice:**

*I certify that the information set forth in this Volunteer Application is true and complete to the best of my knowledge. Marimn Health has a need of my services as a volunteer worker who serves without pay. As an unpaid volunteer, I hereby release and hold Marimn Health harmless from any and all liability for any and all damages or injuries that may result to myself or my property as a result of assisting Marimn Health.*

*I consent to and authorize Marimn Health to request any information concerning criminal conviction. I further understand that my volunteer work is contingent upon satisfactory results of a drug and alcohol test and background check. I give Marimn Health the right to check and investigate the references I provided. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information.*

*I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I authorize Marimn Health to make an investigation of any of the facts set forth in this application.*

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

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization and Consent Form

To be completed by applicant, please Print or Type.

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I understand that in connection with my application for employment with Marimn Health and Wellness Center (the "Company"), the Company will use an outside agency to research and verify the information I have provided on my application for employment, including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to the Company. The Company uses an independent third party consumer-reporting agency, as an "Agent" to perform background verifications.

I understand that the Agent will obtain information it deems appropriate from various sources including, but not limited to, the following: current and past employers, criminal conviction records, Department of Motor Vehicle records, military records, school records and professional and personal references. I authorize, without reservation, any individual, corporation, or other private or public entity to furnish the Company and its Agent all information about me.

This authorization and release, in original, faxed, photocopied or electronic form, shall be valid for this and any future reports and updates that may be required by the Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Print Name