



Grace Hill Neighborhood Health Centers, Inc.

100 N. Tucker, Suite 1100 St. Louis, MO 63101

(314) 241-2200 (main)

(314) 814-8754 (Volunteer Office)

(314) 814-8732 (fax)

Volunteer Application

Personal Information: (Please print)

Last Name: _____ First Name: _____ MI: _____

Home Address: _____
(Street) (City) (State) (Zip)

Home Telephone: (____) _____ Work Telephone: (____) _____

Cell Phone: (____) _____ E-Mail Address: _____

Birthday: _____ SS # or I-94 Visa type & exp. date: _____

In case of emergency, notify: _____ Relationship: _____

Phone #: (____) _____ Alternate Phone #: (____) _____

Educational Background:

Highest Degree: High School 1 2 3 4 College 1 2 3 4 Other: _____

Additional Training/Certifications: _____

Other Languages: _____

Is your volunteer service required? _____ If so, by whom _____? If so, how many hours must be completed? _____ by when _____

School: _____ Program: _____

Contact person: _____ Contact's daytime phone #: _____

Employment: (Present or most recent Employer/Volunteer Service)

Company Name: _____ Title: _____

Supervisor Name and Phone: _____

Have you ever worked at Grace Hill? _____ If yes, please specify:

Department: _____ Supervisor: _____ Dates of Employment: _____

Health Information: _____ Excellent _____ Good _____ Fair _____ Poor

Please list any special accommodations which might be necessary _____

Volunteer Information:

Type of Volunteer Work Preferred: _____

Days Available: _____ Available Times: _____

I would like to volunteer at Grace Hill because: _____

Have you been convicted by law of a criminal violation other than traffic? _____ If yes, please explain including date of conviction _____

(over)

Two References:

Name	Relationship	Phone
1.		
2.		

By signing this application, I am agreeing to the following statements:

- I understand that I may be required to take a TB skin test, criminal background check and drug screening.
- I understand that if working with children, additional background checks may be conducted.
- I understand that I may come in contact with information that is confidential in nature and I agree to protect the privacy and confidentiality of patients and families.
- I release from all liability or responsibility all persons or organizations requesting or supplying information regarding my character and qualifications.
- I understand that this is an application for and not a commitment or promise of volunteer opportunity.
- I do hereby certify that the information provided by me is true and complete to the best of my knowledge. I understand that any false statement will be considered as cause for possible dismissal.
- I understand that any misuse of information is grounds for termination of my service without prior notice.

Volunteer Signature: _____ Date: _____

Parental/Guardian Permission is required for volunteers under 18 years of age.

I give my child _____ permission to volunteer at Grace Hill and I agree to the following statements:

- I give permission for my child to receive a TB test at Grace Hill if a record can not be produced and drug screening prior to volunteering.
- I understand that my child may be required to have a TB test, drug screening and orientation before he/she can begin volunteering.
- I assume all risks of any nature whatsoever and do hereby release forever/discharge Grace Hill, their officers, directors, employees and agents from claims of liability for property damage, bodily injury, death or any other type of damage or injury of any nature whatsoever arising out of this minor's participation as a volunteer at Grace Hill. Except, however, Grace Hill is responsible for claims incurred as a result of any act, failure to act by Grace Hill employees while acting within the scope of their duties.

Parent/Legal Guardian's Signature: _____ Date: _____

For Office Use Only

Date Received: _____

Interview Date: _____ Accepted Declined Reason: _____

Orientation Date: _____

Volunteer Type: Adult Traditional Sponsor Community Service Group _____
 Junior Traditional Community Service Intern _____

PPD Date: _____ Background Check: _____ Drug Screening: _____

Volunteer Status: Active _____ Seasonal _____ Other _____

Termination Date: _____ Reason: _____