

**AXIS COMMUNITY HEALTH
VOLUNTEER APPLICATION FORM**

4361 Railroad Avenue•Pleasanton, CA 94566•(925) 201-6080•Fax (925) 417-1503

NAME: _____ DATE: _____
(Last) (First) (Middle)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ OTHER PHONE: _____

EMAIL ADDRESS: _____

Are you or a family member a client/patient at Axis Community Health?..... Yes No

Have you ever been convicted of a criminal offense?..... Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered)

How did you become interested in our Volunteer Program?

Have you volunteered for Axis Community Health before? Yes No

If yes, please describe: _____

Describe any other volunteer experience:

Personal or Professional References (Please exclude relatives)

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

Many of our patients/clients do not speak English. Do you speak, write or understand any foreign Languages? Yes No

If yes, which languages? _____

Please check areas of interest:

Clerical Skills: Typing Filing Receptionist Copying Record Keeping Computer Mail
 Word processing Other (specify):

Communication Skills: Photography Calligraphy Graphic Arts Public Speaking Journalism
 Public Relations Research Fundraising Other (specify):

Patient Care Services: Infant/child care assistance Reading to children Other (specify):

Facility: Gardening Maintenance Handyman/woman

Is there a specific volunteer position you are interested in? Please indicate which position:

Additional Skills/Comments:

What days are you available to volunteer? _____ Time Available: _____

How many hours per week could you commit to volunteer at Axis? _____

Is it necessary for you to limit your physical activity in any way? _____

Are you over 18 years old Yes No

The above information is accurate and correct.

Signature

Date

Your signature indicates your approval for us to check references. Axis is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to race, ethnicity, religion, sex, national origin, age and physical or mental disability.

For Office Use Only

Screening Process Personal References/Notes	Date
1.	
2.	
3.	

Volunteer Coordinator Only

Date Rec'd:	Date Forwarded:
Axis Supervisor:	Volunteer Position:
TB Test <input type="checkbox"/> Yes <input type="checkbox"/> No	Fingerprint <input type="checkbox"/> Yes <input type="checkbox"/> No