

**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**

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