

Volunteer Application

1) Contact Information

First Name:

Last Name:

Street Address:

City, State, Zip

Phone Number:

Email Address:

2) Employment/School Status

Occupation:

Full Time Part Time Not working Retired Student

Employer/School (if applicable):

Field of Study:

3) Education and Training

High School College Graduate School

Do you speak a foreign language: No Yes _____

Please indicate any skills that may be relevant to your volunteer service.

Volunteer Application

4) Volunteer Commitment

Is your volunteer service: School Related Personal Interest Court Ordered

Employer/School (if applicable):

Field of Study:

Availability: Mon Tues Wed Thur Friday Sat Sun
 Morning Afternoon Evening

I WOULD LIKE TO SERVE UP TO ____ HOURS EACH WEEK. I WOULD LIKE TO SERVE UP TO ___ HOURS EACH MONTH.

Please share any skills, experiences, knowledge you hope to gain while volunteering at Mosaic Medical.

5) References - Please provide two references that can speak to your character and skills.

| Name and Relationship | Email Address | Phone Number |
|-----------------------|---------------|--------------|
| | | |
| | | |

6) Emergency Contacts

| Name and Relationship | Phone Number |
|-----------------------|--------------|
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Volunteer Application

Please read, initial and sign before submitting your application.

____ I certify that the information given herein is true and complete to the best of my knowledge. I authorize Mosaic Medical to check my references and investigate all statements contained in this application. I understand that misrepresentation or omission of facts contained herein will be sufficient cause for cancellation of consideration for volunteer service, or dismissal if I have already started volunteering.

____ I understand that I will not be compensated for my volunteer service with Mosaic Medical.

____ I understand that further screening and training will be required of me prior to beginning the volunteer commitment. I also understand that submission of this form alone does not guarantee a volunteer placement at Mosaic Medical.

____ I certify that I have read and agree to the above conditions and statements.

Signature

Date

Please return your completed application to:
Mosaic Medical, Attn: Volunteer Coordinator
600 SW Columbia Street, Suite 6250
Bend OR 97702