



Community Health Programs, Inc. Volunteer Application
Please Attach Resume (for internship applications only)

Date: _____

Last Name: _____ First: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Message Phone: _____

Mobile Phone: _____ Email: _____

DESIRED VOLUNTEER WORK

Program applying for: _____ Department: _____

If accepted, on what date can you start volunteer work? _____

What are you interested in doing while volunteering for CHP and why do you want to volunteer for CHP?

AVAILABILITY: Please indicate the days and times you would be available to volunteer for CHP.

	AM	PM
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

NAME _____

How did you learn about the position? _____

Did a current CHP employee encourage you to apply? If yes, who? _____

Did you ever work for or with CHP? _____ Yes _____ No

If yes, please explain: _____

Friends or relatives employed at CHP? If yes, who? _____

(Having relatives employed at CHP does not disqualify you from employment.)

EDUCATION

Degree Type	School Name	School Address	Field of Study	Did you Graduate? Yes/No	Degree Earned
Graduate					
Undergraduate					
High School or Business/Technical Certificates/Distinction					
Other					

Please use extra paper if needed

WORK EXPERIENCE: Please list the most recent and relevant work experience. You may use an extra sheet of paper if necessary.

Status at the company (check one): Employee Contractor Other _____

Company Name: _____ Phone: (____) _____

Address: _____
Street City State Zip

Type of Business: _____ Supervisor's Name: _____

Dates of Employment: From _____ To _____

Responsibilities: _____

May we contact this employer for references: Yes _____ No (if no please explain) _____

NAME _____

VOLUNTEER HISTORY: Please begin with your most recent experience

Status at the company (check one): Intern Volunteer Other _____

Organization Name: _____ Phone: (_____) _____

Address: _____
Street City State Zip

Type of Business: _____ Supervisor's Name: _____

Dates of volunteer: From _____ To _____

Responsibilities: _____

Status at the company (check one): Intern Volunteer Other _____

Organization Name: _____ Phone: (_____) _____

Address: _____
Street City State Zip

Type of Business: _____ Supervisor's Name: _____

Dates of volunteer: From _____ To _____

Responsibilities: _____

Status at the company (check one): Intern Volunteer Other _____

Organization Name: _____ Phone: (_____) _____

Address: _____
Street City State Zip

Type of Business: _____ Supervisor's Name: _____

Dates of volunteer: From _____ To _____

Responsibilities: _____

PLEASE NOTE

We may contact the organizations listed unless you indicate those you do not want us to contact here.

Organization Name: _____

Reason: _____

NAME _____

References Requested

Please List or Attach References and include phone number, email and when/where you worked together:

Contact Information	Minimum of (1) Supervisor (working or volunteer)	(1) Direct Report/Colleague	Optional (1) Internal/External Customers
Name Company When/Where you worked together Daytime Phone (s) Email Address			

PLEASE READ, SIGN, DATE

- Community Health Programs is committed to providing equal opportunity for all persons regardless of race, color, sex, sexual orientation, religion, marital status, parental status, physical or mental disability, age, veteran status, ancestry, or national or ethnic origin, genetics, retaliation, sexual harassment, political beliefs, or any other basis prohibited by applicable state, federal or local laws.
- The facts set forth in my application and attached resume are true and complete to the best of my knowledge. I understand that if employed, false statements or omissions on this application, my resume and all accompanying documents, are cause for termination, regardless of the time elapsed before discovery.
- I authorize Community Health Programs (CHP), to check and verify all information provided in my application, and hereby release CHP and its agents and employees from any claims, charges, or liabilities whatever that may result from the verification process. I understand that an offer of employment is contingent upon satisfactory proof of lawful employment status, as set forth in the Immigration Reform and Control Act of 1986 and reference and background checks. Permission is hereby given to CHP or any agent thereof to investigate previous employment, volunteering, educational background and reference information including job performance, salary history, employment dates, etc.
- I release CHP its subsidiaries and former employers from any liability resulting from any information provided in connection with this application.

Please note: CHP requires all who have contact with employees and clients to agree to and obtain a clear Criminal Offender Record Information (CORI) check as a condition of employment. CHP is a drug-free, alcohol-free, smoke-free work environment. Employees who work with children and/or work in CHP's medical clinics must agree to a tuberculosis skin test (also known as the tuberculin test or PPD test). You may be asked for additional tests/information depending on the job requirement.

I understand that the receipt of this application does not imply that I will be employed. I understand that this volunteer application is not an expressed or implied employment contract.

<p>Please Print Name: _____</p> <p>Signature: _____ Date: _____</p>
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