



Volunteer Application

An Equal Employment Employer

Name: _____

Date: _____

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All statements made by Volunteer applicants on this application form will be carefully checked for accuracy. We offer equal volunteer opportunities to all persons without regard to color, race, age, sex, creed, religion, handicap, disability, veteran status or national origin or any other legally protected status. The use of this form does not mean there are positions open and does not obligate use in any way. This application will remain on active file for a period of 30 days from date of application.

Notice to Applicants

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you meet all the requirements to become a volunteer and because of a physical or mental disability, you will need an accommodation to perform any essential position function, please make that fact known to the individual processing your application.

If accepted into the volunteer training program, I agree to submit to a medical examination (if applicable), and understand that my subsequent volunteer activities will be contingent on the results of the medical examination.

I understand that a medical professional may ask questions regarding my current health condition and health history, and that all such information will be retained in confidential medical files, to be released only in accordance with federal and state law.

I also understand that falsification of any such information that I furnish could result in termination of my volunteer status. I hereby recognize and acknowledge that as a part of the volunteer activities required, I may be called upon to perform manual labor, and I maybe requested to demonstrate the physical abilities required for the position's performance to the fullest extent allowed by law. I by electing to pursue the volunteer application and demonstrating the ability to perform the manual labor, and expressly waive and release any and all claims which the undersigned may otherwise have by reason of any accident, injury or condition which may be occasioned by the undersigned as a result of my demonstration of my ability and capacity to perform the required labor. By execution hereof, the company, its agent, officers, servants and employees are hereby released and discharged from liability for any such claims demands or damages by the undersigned.

Signature _____

Date _____



Personal Information (Please print)

Name: _____
First Middle Last Maiden

Current Address: _____
Street City State Zip

Primary Phone #: _____ **Are you over the age of 16?** ___ Yes ___ No

Email Address: _____

Employed: ___ Full Time ___ Part Time ___ Retired ___ N/A **Name of Employer:** _____

Emergency Contact Name: _____ **Emergency Contact Phone Number:** _____

Relation to Emergency Contact: _____

Volunteer Experience: (Need complete address or phone # for reference purposes)

<u>Agency</u>	<u>Position</u>	<u>Dates</u>	<u>Phone</u>

Do you have any special skills or experience that you think would be beneficial during your time volunteering? (Arts and Crafts, Music, Office Skills, etc.)

Highest Level of education received: _____ **Name of Institute:** _____

Why do you wish to be a volunteer? _____

Have you had any major losses in the past year? _____ **If YES, please explain the circumstances:**

Have you had any major life changes within the past year? _____ **If YES, please explain the circumstances:**



Do you hold Veteran Military status? _____ Yes _____ No

Have you ever been convicted of a crime except a minor traffic violation? _____ Yes _____ No

If so, state date, court and place where offense occurred: _____

Have you ever been discharged or requested to resign from a position? _____ Yes _____ No

If YES, please explain: _____

Do you have reliable transportation? _____ Yes _____ No

Volunteer Applicant's Agreement and Certification

I certify that the information given by me in this application is true in all respects and I agree that if selected as a volunteer and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous volunteer record. I release all such persons from any liability or any damages on account of having furnished such information. I further agree, if selected as a volunteer, that I am to work faithfully and diligently, to be careful and avoid accidents. I agree to submit to a physical examination whenever requested and agree to observe all present and subsequently issued volunteer policies and rules. I understand that nothing contained in this application or in the granting of an interview is intended to create contract between Amedisys and myself for either employment or for the providing of any benefit. No promises have been made to me, and I understand that no such promise or guarantee is binding upon Amedisys unless made in writing. If a volunteer relationship is established, I understand I have the right to terminate my relationship at any time and that Amedisys retains the same right. I am volunteering solely for personal charitable purposes without promise or expectation of compensation. I understand I will not be an employee, nor will I be entitled to benefits or future employment from Amedisys. I agree to familiarize myself with, and abide by Amedisys rules and policies regarding conduct, confidentiality, safety and welfare.

Signature of Volunteer

Date