

**Affordables Volunteer Only**



**Volunteer Application**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have a family member employed with or a resident at Bethany Life?  Yes  No

If yes, please list name of family member: \_\_\_\_\_

Have you ever volunteered for or been employed with Bethany Life?  Yes  No

If yes, when and what position? \_\_\_\_\_

Previous volunteer experience with any other organizations?  Yes  No

If yes, where: \_\_\_\_\_

What volunteer position(s) are you interested in? \_\_\_\_\_

\_\_\_\_\_  
When are you available for volunteering? \_\_\_\_\_

\_\_\_\_\_  
Why are you interested in volunteering for Bethany Life? \_\_\_\_\_

\_\_\_\_\_  
Do you have any special skills or qualifications? \_\_\_\_\_

\_\_\_\_\_  
Do you have any restrictions or medical issues we should know about?  Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In the event of an emergency, who should we contact?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## AFFORDABLES VOLUNTEERS ONLY

How often do you wish to volunteer?

Once / week       Twice / week       Every two weeks       Longer interval

When are you available to volunteer?

Morning       Afternoon       Evening       Saturday

How long are you able to volunteer?

3 hrs (Saturday)       4 hrs       Longer interval

Do you have a time limit on your volunteer commitment?

3 months       6 months       1 year       Indefinite

Do you have a job preference?

Sorting / pricing       Putting items out       Cash register       Creating displays  
 Cleaning       Maintenance       Testing items       Other

Are there any skills you can draw from previous experiences you could care to use?

(ex: hobbies, work, or volunteer experience) \_\_\_\_\_

Full Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office use only:

Application Complete/Received \_\_\_\_\_ Orientation/Training Complete \_\_\_\_\_

Background Check \_\_\_\_\_ Schedule Determined \_\_\_\_\_



Bethany Life

## Iowa Health Care Facility Record Check

This criminal background check will be conducted by the Iowa Department of Criminal Investigations via Internet access.

\_\_\_\_\_

First Name                      Middle Name                      Last Name

\_\_\_\_\_

Maiden / Other Legal Last Name(s)                      Sex

\_\_\_\_\_

Date of Birth                      Social Security Number

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under Iowa Code Chapter 321 or equivalent provisions, in this state or any state?

Yes    No

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_