



# General Volunteer Application

Thank for your interest in volunteering. By completing this application, you are giving us permission to contact you regarding volunteer opportunities. We also require a background check and a copy of your driver's license (or equivalent identification). We ask new volunteers to make a donation to cover the cost of the background check. Please include a check in the amount of **\$7.50**, payable to **Sulzbacher Center**.

Please return your completed Volunteer Application and Background Check Release to Allison Vega, Volunteer Coordinator, Sulzbacher Center, 611 E. Adams Street, Jacksonville, FL 32202.

## PERSONAL INFORMATION

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

Home Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_  Home  Work  Cell

Alternate Phone: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

*\*Your e-mail address will be used to alert you of volunteer opportunities and events and will not be shared.*

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer or School *if applicable*: \_\_\_\_\_  Full Time  Part Time

Profession or Course of Study: \_\_\_\_\_

Education *highest level completed*: \_\_\_\_\_

Expertise: \_\_\_\_\_

Previous volunteer activities: \_\_\_\_\_

Preferred volunteer position: \_\_\_\_\_

Have you ever received services from us? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## AVAILABILITY

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm

## REFERENCES

Please list two references, unrelated to you, who we may contact regarding this application.

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

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



## VOLUNTEER AGREEMENT

### VOLUNTEER WAIVER AND RELEASE OF LIABILITY

I hereby fully and forever waive, release and relinquish any and all claims, demands and actions whatsoever that I may have against Sulzbacher Center and Beaches Community Healthcare, a Sulzbacher Center Clinic, it's officers, agents, volunteers and employees, arising out of my volunteer activities.

\_\_\_\_\_ Initials of Volunteer; \_\_\_\_\_ Initials of Parent/Legal Guardian, ***if volunteer is a minor***

### VOLUNTEER STATEMENT OF CONFIDENTIALITY

As a condition of volunteering with persons seeking assistance from Sulzbacher Center, including Beaches Community Healthcare, a Sulzbacher Center Clinic, I agree to keep confidential any information shared with me. I understand that no information concerning clients shall be released to other agencies or persons without signed, written consent of those involved.

\_\_\_\_\_ Initials of Volunteer; \_\_\_\_\_ Initials of Parent/Legal Guardian, ***if volunteer is a minor***

### PHOTO AND/OR VIDEO RELEASE FORM

I hereby give permission for me, or my minor child to be interviewed, photographed, and/or videotaped with sound. This material may be used to promote Sulzbacher Center, including Beaches Community Healthcare, a Sulzbacher Center Clinic. I place no restrictions on the use of this material, unless listed below and initialed by me.

If applicable, please list restrictions below (each must be initialed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Initials of Volunteer; \_\_\_\_\_ Initials of Parent/Legal Guardian, ***if volunteer is a minor***

**I have read these agreements and fully understand their content and agree to them of my own free will, as indicated by my initials and signature. I further certify that I am eighteen (18) years of age or the Parent/Legal Guardian of a minor participant.**

Printed Name of Volunteer: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER CODE OF CONDUCT

1. Sign in and out on the volunteer log each time you volunteer.
2. If you are issued a volunteer badge, you must wear it while volunteering.
3. Be punctual. Notify the volunteer coordinator and the staff member to whom you are assigned if you will be late or cannot fulfill a volunteer commitment.
4. Do not bring children or visitors with you to your volunteer assignment, unless you have received permission in advance from the volunteer coordinator.
5. Wear appropriate clothing. Shoes with backs or heel straps are required. Short-shorts, tank tops, bare mid-drifts and clothing printed with potentially offensive messages are prohibited. Additional clothing requirements apply for kitchen volunteers.
6. Communicate courteously with all staff members, persons receiving services through our programs (clients) and other volunteers. Discrimination in any form will not be tolerated.
7. Maintain confidentiality and abide by HIPPA regulations. Do not share information with anyone about clients without their express written consent, and then, only as required to provide services.
8. Do not disclose personal information about yourself to clients.
9. Do not transport, give money to or purchase items for clients. If you become aware of a need, refer the client to a staff member.
10. Volunteers and their associates are prohibited from employing or arranging employment for clients and former clients.
11. Illegal drugs and alcohol are prohibited within our facilities or on our grounds. Smoke in designated areas only.
12. Direct all media inquiries and solicitation requests to the director of public relations at 859-8150.

**I have read this Code of Conduct, fully understand its contents and agree to it of my own free will, as indicated by my initials and signature. I further certify that I am eighteen (18) years of age or the Parent/Legal Guardian of a minor participant.**

Printed Name of Volunteer: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# BACKGROUND CHECK RELEASE FORM-VOLUNTEERS

Complete the Requested items carefully, completely and accurately, for faster processing. Incomplete, erroneous or omitted information may constitute falsification and/or make YOU ineligible..

LAST NAME _____	FIRST _____	MIDDLE NAME _____	SOC.SEC# _____
PRESENT ADDRESS _____	CITY,ST,ZIP _____	County _____	Yrs _____
PRIOR ADDRESS _____	CITY,ST,ZIP _____	County _____	Yrs _____
NOTE: Year of birth used for identification only			
OTHER PRIOR County(ies): _____ ST _____ ST _____ FULL D.O.B.: ____/____/____/ CITY,ST _____			
DRIVER LIC# _____ State _____ OTHER NAMES USED _____			

LIST ALL CONVICTIONS INCLUDING TRAFFIC (Indicate "M" for misdemeanor or "F" for felony. )					
YR.	NATURE OF OFFENSE	RESOLUTION	WHERE(CITY/ST COUNTY)	M or F	OTHERS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NOTE: USE REVERSE SIDE IF MORE ROOM NEEDED.

I hereby authorize the release to Background Bureau, Inc., (BBI) an independent screening agency, of any information held by any parties regarding my prior employment , criminal, driving, workers comp. and educational history as well as information regarding my general character and reputation. I release any providers of such information from any liability for providing same. I understand the information may be reviewed initially and periodically by BBI and reported to I.M. Sulzbacher.

I agree falsification may make me ineligible. I further acknowledge that BBI is relying on third party information and hereby release BBI and I.M. Sulzbacher, and their respective owners, officers, agents and employees from any and all liability arising out of errors and omissions.

Signature \_\_\_\_\_ Dated \_\_\_\_\_

COVER SHEET (IM Sulzbacher use only)		call: (800) 854-3990 or (859) 781-3400	
<b>CLIENT: IM Sulzbacher</b>	<b>Date</b>	<b>Contact</b>	<b>Phone</b>
		<b>return via:</b>	
County of residence ____	All prior counties ____	MultiState ____	Driving record ____
<b>NOTE: This form is the property of Background Bureau, Inc. 2019 Alexandria Pike Highland Heights, Ky 41076</b>			

# Youth Volunteer

## STATEMENT OF GOOD MORAL CHARACTER

Dear Applicant:

If you are currently less than eighteen (18) years of age, you must complete this form. This form provides a written statement of your good moral character. Item (1) is to be completed by the applicant. Item (2) is to be completed by the applicant's parent/guardian. Item (3) is to be completed by the applicant's character reference. Choose someone who is respected in the community, a dean, educator, minister, counselor, teacher, doctor, community leader or any non-relative, to serve as your character reference.

(1) HAVE YOU EVER BEEN ARRESTED?

Yes  No; *if Yes, please explain below.*

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I hereby swear that I have not committed any act known to me to be a crime.

\_\_\_\_\_  
Applicant's Name *please print*

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(2) I DO HEREBY STATE THAT MY CHILD IS OF GOOD MORAL CHARACTER.

\_\_\_\_\_  
Parent/Guardian Name *please print*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(3) I DO HEREBY STATE THAT THIS APPLICANT IS OF GOOD MORAL CHARACTER.

\_\_\_\_\_  
Reference Name *please print*

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Organization *if applicable*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date