



All Heart Infusion

601 S Division Suite B Spokane, WA 99202 Phone: (509)309-2230

Volunteer Application

Complete all sections of this form, print and return by mail or email to info@allheartinfusion.org.

Please note three references will be required and the list brought to the interview.

Volunteer Information			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms		Name <i>(last, first)</i>	
Mailing Address			City/Town
State	Zip Code	E-mail	
Home Phone		Work Phone	Cell Phone
Preferred method of contact		<input type="checkbox"/> Adult <i>(18 years or older)</i> <input type="checkbox"/> Youth	
<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> High School Student <input type="checkbox"/> Unemployed <i>(seeking employment)</i> <input type="checkbox"/> Post Secondary Student <input type="checkbox"/> Jr. High School Student			
Are you a USA Citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you legally entitled to work in USA? <input type="checkbox"/> Yes <input type="checkbox"/> No



Please indicate your availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Events	Indicate time of day you are available <input type="checkbox"/> AM <input type="checkbox"/> PM	Date you would like to start
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List the types of volunteer activities that interest you

Volunteer Experience			
Organization	Responsibilities	From (yy-mm)	To (yy-mm)

Employment History			
Employer Name	Responsibilities	From (yy-mm)	To (yy-mm)



Indicate the length of volunteer commitment in which you are interested? (*i.e. months, year*)

Indicate the skills and experience you have to offer (*check all that apply*)

- Clerical Computer Skills Experience with children
- Experience with the elderly Fundraising Experience
- Health Care (*specify*)
- Interpretive Visitation (*specify language*)
- Organizational skills Photography
- Public Speaking Other (*specify*)

Indicate your main reason for volunteering (*check all that apply*)

- Academic credit Church/religious requirement
- Employment experience Enhance health care system
- Explore careers in health care Help others
- Increase self-confidence Learn new skills
- Share a skill or talent Social interaction
- Stay active and involved Other (*specify*) _____



Please provide any further information that you would like us to consider when determining your volunteer placement. Please include information regarding any specific disability, or health concerns that may affect your volunteering, our goal is to accommodate our volunteers.

Authorization and Acknowledgement

I declare that the information provided in this application is true and complete. I understand that any false information provided may be cause for denial of a volunteer placement or dismissal after placement and my volunteer status may be immediately revoked by All Heart Infusion at its own discretion. This information will be used to process my eligibility for a suitable volunteer position.

I authorize All Heart Infusion to contact individuals or organizations I have named on this application to obtain further information, in the form of a criminal background check, that would assist with my placement as a volunteer.

Signature

Date