

VOLUNTEER APPLICATION FORM

Andrew County Health Department

DATE: ____/____/____

A. Contact Information:

Last Name		First Name	
Street Address			
Town & Zip Code			
Email Address			
Home Phone	Work Phone	Other (mobile, fax, pager)	
Which of the above is your preferred method of communication?			

B. Professional Information

Profession, occupation and/or degree:			
Do you currently hold a health-related certification or license in Missouri? Yes* No			
If yes, What field? _____			
Missouri, certification or license number: _____			
Copy of certificate and/or license attached? Yes No			
Current Employer (if applicable):			
Please use the back of this sheet to answer the following:			
Professional area of specialty and/or skills;			
Why do you want to be a volunteer with us;			

C. Other Information:

Do you have a current Missouri driver's license? Yes No License #			

Are you fluent in a language other than English? Yes* No			
*If yes please list language(s):			
Have you ever been convicted of a felony? Yes* No			
* If yes please explain: _____			
Time Preferred (check all times you are willing to serve): Days Evenings Weekends			
Emergency Contact: Name _____ Relationship _____ Phone _____			
Physician _____ Phone _____			
Do we have permission to use your name and/or picture in newsletter articles and media releases?			
Yes No			

D. Optional Information:

In some situations volunteers' families may be eligible to receive medication or treatment, in your case, how many people would this apply to? _____			

BACKGROUND SCREENING AUTHORIZATION

In consideration for allowing me to volunteer, I understand that several investigative methods may be utilized and may include information as to my character, general reputation, personal characteristics, mode of living, work habits, academic-credential verification, job performance, experience and reasons for termination. **The information will be used for the sole purpose of identification when conducting a background investigation.**

Additionally, I authorize all references, corporations, schools, employers, licensing boards, government and law enforcement agencies, military services, motor vehicle agencies or any other entity deemed necessary to release any information the background investigation agency may require in connection with this investigation. I understand that these files may contain negative information therefore I agree to hold harmless the background investigation agency and any agent acting on its behalf, from any and all liability arising through the investigation of my background.

I further acknowledge that a facsimile (FAX) or photographic copy of this release will be valid as the original.

VOLUNTEER CONFIDENTIALITY AGREEMENT

While volunteering, one may receive a certain amount of information about the person with whom they are working. This information is considered confidential.

The State of Missouri has strict regulations governing the disclosure of confidential information. In general, information about any person with whom you are working may not be released publicly by the agency or any representative of the agency (including volunteers), unless the person or his/her legal guardian gives written authorization. Information, which is considered confidential, includes, but is not limited to, name, address, phone number and any information concerning the person's medical condition, history, disability or the services they receive. Any information pertaining to the person's family is also considered confidential.

I, _____, have completed the application and read the above statements and do by state that all information provided by me is correct to the best of my knowledge and furthermore I agree to maintain the confidentiality of those with whom I work.

Applicant Signature: _____ Date: ____/____/____

Mail to or return to: Andrew County Health Dept., PO Box 271, Savannah, Mo 64485

Office Use Only:

Andrew County Health Department Official _____ Date
____/____/____

Approved Yes NO