

Application for Volunteer/Internships

BFHD-AGY-HR-003D1



Last Name First Name M.I.

Former Last Names

INTEREST

Please answer the questions below by checking the appropriate box.

Where would you like to volunteer?

- Administration/Information Systems
- Emergency Preparedness
- Environmental Health/Laboratory
- Preventive Health Services

What type of volunteer status are you looking for?

- General Volunteer
- Job Shadow
- Student Internship:

Total Hours:

Dates Available:

Start Date: End Date:

Is this for academic credit? Yes No

Academic Program:

What is your preferred volunteer schedule?

Is this for professional license? Yes No

Type of license:

Why do you want to volunteer?

What type of work are you interested in?

PERSONAL INFORMATION

Are you age 18 or older? Yes No If no, you must be a minimum age of 14 to volunteer. Parental or Legal Guardian signature consent is required for minors.

Primary Phone Alternate Phone Email Address

Current Address

Address

City State Zip Code Date From: Date To:

Prior Address

Address

City State Zip Code Date From: Date To:

SKILLS

List any skills or special training you wish to use in your volunteer placement

Please list languages you are proficient in (other than English)

EDUCATION

Number of years of education completed:

High School College Graduate School Trade/Tech School Other

Name of Educational Institute Degree/Certification Obtained Date Received

Name of Educational Institute Degree/Certification Obtained Date Received

Name of Educational Institute Degree/Certification Obtained Date Received

PROFESSIONAL LICENSES HELD

License Held Expiration Date License # State

License Held Expiration Date License # State

WORK EXPERIENCE

List all current and previous, **paid and volunteer** positions held in the last five years.

1- WORK EXPERIENCE Employment Volunteer Start Date End Date

Company Position Title

Tasks Performed

Reason for Leaving OK to contact? Yes No Supervisor Phone

2-WORK EXPERIENCE Employment Volunteer Start Date End Date

Company Position Title

Tasks Performed

Reason for Leaving OK to contact? Yes No Supervisor Phone

MILITARY SERVICE

Time Served Branch Discharge Type Discharge Date

Time Served Branch Discharge Type Discharge Date

REFERENCES

Please provide information for two individuals (non-relative) who can provide a personal or professional reference on your behalf.

1-Reference (BFHD USE ONLY) Reference Verified Date Completed Initials

Last Name First Name Job Title

Phone How Reference Knows You Years Known

2-Reference (BFHD USE ONLY) Reference Verified Date Completed Initials

Last Name First Name Job Title

Phone How Reference Knows You Years Known

I UNDERSTAND AND AGREE

By signing this form, I understand and agree to the following:

Submitting this application does not automatically authorize me to volunteer. I understand that I must meet the criteria set forth by the Benton-Franklin Health District (BFHD). I also understand that my acceptance into the volunteer program is contingent upon the receipt of a satisfactory background report, and completion and proof of applicable vaccinations/titres as determined by BFHD. I further understand I am required to complete an orientation with a BFHD Human Resources representative or designee, prior to starting my volunteer assignment.

My services are given with humanitarian and charitable reasons, and are donated to BFHD without expectation of any compensation, salary, benefits, other payment or future employment. If I am participating in an internship, I understand this is a learning environment for me without expectation of any compensation, salary, benefits, other payment or future employment.

I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand falsified statements on this application or failure to furnish all requested information shall be considered sufficient cause for rejection of my application or my dismissal from the volunteer program.

Furthermore, I understand and agree to abide by the policies and procedures set by BFHD. I agree to respect the confidentiality of all information that I may obtain, directly or indirectly, concerning clients, customers, employees, or other interns/volunteers and I agree not to seek out confidential information.

I understand that any illness and/or injuries that result during or from (directly or indirectly) doing my volunteer activities will be covered through my own health and/or auto insurance. BFHD and its employees are released from any and all liability for any injuries or illnesses I may incur as a result of (directly or indirectly) participating in volunteer/intern activities.

I understand that the district may terminate this agreement at any time without prior notice.

Applicant's Signature Date

Parent/Legal Guardian Signature of Consent Date

Your completed application packet can be provided in person, mailed, or scanned and emailed to the contact information listed below.