

CLARK RETIREMENT COMMUNITY



Application for Volunteer Services

Volunteer Type Individual Youth/Teen Group

PERSONAL INFORMATION

In considering your application for volunteering at Clark, the Volunteer Services staff will require interviews, a criminal record check and personal references.

Last Name First Middle

Address

City/State/Zip

Home Phone Cell Phone

Birth Date E-mail

Group Name (if applicable)

Contact (if group) Phone Cell Phone

Best Time To Contact You Date Available to Start

Interested Area (please check)

- Clerical Special Events Outings
- Social and Recreational Activities Resident Companionship Spiritual Life Activities
- Volunteer Coordination Other: _____

Education

Special Skills or Qualifications

How did you learn about volunteer opportunities at Clark?

Have you ever been convicted of or plead guilty to a crime other than a misdemeanor or traffic violation? Yes No

If yes, please explain (Clark conducts background checks for all applicants.)

Have you even been involved in the substantiated abuse or neglect of children or adults under the laws of this or any other state? Yes No If yes, please explain

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REFERENCES

As part of the volunteer application process, we conduct reference checks. Please list at least two references that have known you for the past three or more years. References may not be family members.

| | |
|-----------------|--------------------|
| Name | Relationship/Title |
| Mailing Address | |
| Phone | E-mail |

| | |
|-----------------|--------------------|
| Name | Relationship/Title |
| Mailing Address | |
| Phone | E-mail |

| | |
|-----------------|--------------------|
| Name | Relationship/Title |
| Mailing Address | |
| Phone | E-mail |

EMERGENCY CONTACT INFORMATION

| | |
|----------------|--------------------|
| Name | Relationship/Title |
| Address | |
| City/State/Zip | |
| Phone | Cell Phone |

CONDITIONS OF VOLUNTEERING

I affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions made on the application or at any other time may disqualify me from serving as a volunteer. I understand that adherence to all conduct policies, confidentiality statements and TB testing are requirements of volunteering at Clark.

I understand that Clark reserves the right to terminate the relationship with a volunteer at any time and for any reason with or without notice, and the volunteer has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding statement, except for a written agreement signed by an administrative representative and notarized.

I understand that, as a volunteer, Clark Retirement Community is not responsible for any accident or medical expense incurred while serving as a volunteer, nor is Clark liable to provide workman's compensation or employee benefits as the result of serving as a volunteer.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

FOR VOLUNTEER APPLICANTS UNDER THE AGE OF 18 YEARS

Parent or Legal Guardian, consenting to volunteer service at Clark by minor.

| | | |
|-----------|--------------|------|
| Signature | Relationship | Date |
|-----------|--------------|------|