



APPLICATION FOR VOLUNTEER SERVICE

DATE: _____

NAME: MR. MRS. MS. MISS DR. (FIRST) _____ (LAST) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (H) _____ (W) _____ (CELL) _____

E MAIL: _____

DATE OF BIRTH: _____

ARE YOU CURRENTLY EMPLOYED? YES NO

NAME OF EMPLOYER: _____ YEARS EMPLOYED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ARE YOU CURRENTLY A STUDENT? YES NO

NAME OF SCHOOL: _____ LAST GRADE COMPLETED: _____

DEGREE OR EXPECTED DATE OF GRADUATION: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, INCLUDING SEX-RELATED OR CHILD ABUSE RELATED OFFENSES, IN ANY STATE OR COUNTRY?

YES NO

VOLUNTEER EXPERIENCE CURRENT: _____

PAST: _____

CHECK AREAS OF INTEREST

HOSPITAL VISITOR

HOME RESPITE*

TRANSPORTATION ASSISTANCE**

HOSPITAL RESPITE (OVERNIGHT)*

HELP-A-MOM

BIG SISTER/BIG BROTHER*

HOSPITAL RESPITE (DAYTIME)*

OTHER, PLEASE EXPLAIN: _____

*PLEASE COMPLETE MEDICAL AND BACKGROUND SEARCH RELEASE AUTHORIZATION FORMS.

** PLEASE COMPLETE MEDICAL, BACKGROUND SEARCH RELEASE AUTHORIZATION, AND TRANSPORTATION ASSISTANCE VOLUNTEER FORMS



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REFERENCES

PLEASE LIST ONE PERSONAL AND ONE BUSINESS OR SCHOOL REFERENCE. DO NOT LIST FAMILY MEMBERS.

NAME: _____

RELATION: _____ TELEPHONE: _____

NAME: _____

RELATION: _____ TELEPHONE: _____

IN CASE OF EMERGENCY, NOTIFY: _____

RELATION: _____ TELEPHONE: (H) _____ (W) _____

HOW DID YOU HEAR ABOUT CHAI LIFELINE?: _____

AGREEMENT OF CONFIDENTIALITY

AS A CHAI LIFELINE VOLUNTEER, I, _____, UNDERSTAND THAT IN THE COURSE OF MY CONTACT WITH FAMILIES SERVED BY CHAI LIFELINE, I MIGHT LEARN PRIVILEGED AND CONFIDENTIAL INFORMATION. EXAMPLES OF SUCH INFORMATION MIGHT BE, BUT ARE NOT LIMITED TO, MEDICAL CONDITIONS AND TREATMENT, FINANCES, LIVING ARRANGEMENTS, EMPLOYMENT, AND/OR RELATIONSHIPS AMONG FAMILY MEMBERS. I UNDERSTAND THAT ALL SUCH INFORMATION MUST BE TREATED AS CONFIDENTIAL. I AGREE TO DISCLOSE ANY INFORMATION LEARNED ABOUT PATIENTS AND THEIR FAMILY MEMBERS ONLY TO THE DIRECTOR OF VOLUNTEER SERVICES OR THE FAMILY'S CASE MANAGER, IF KNOWN TO ME. I WILL ALSO MAKE CERTAIN THAT ANY SUCH CONVERSATIONS WITH CHAI LIFELINE STAFF WILL BE IN A PRIVATE SETTING WHERE INFORMATION CANNOT BE HEARD BY THIRD PARTY OR PARTIES. I UNDERSTAND UNAUTHORIZED DISCLOSURES ARE CONSIDERED GROUNDS FOR IMMEDIATE TERMINATION OF VOLUNTEER STATUS.

SIGNATURE: _____ DATE: _____

PLEASE PRINT NAME: _____

RETURN TO YOUR REGIONAL OFFICE

- **SOUTHEAST, USA** LASKO FAMILY SERVICE CENTER 1140 NE 163 Street, N. Miami Beach, FL 33162 • (305) 956-9990 • (888) 355-8153
- **WEST COAST, USA** SOHACHESKI FAMILY CENTER 9701 W. Pico Boulevard, Los Angeles, CA 90035 • (310) 274-6331 • (877) 374-6331
- **MIDWEST, USA** 6600 N. Lincoln Avenue, Lincolnwood, IL 60712 • (847) 763-1818 • (888) 763-1819
- **NEW JERSEY** 106 Clifton Avenue, Lakewood, NJ 08701 • (732) 719-1700 • (800) 882-0745
- **GREATER NEW YORK** 151 West 30th Street, New York, NY 10001 • (212) 465-1300 • Fax (212) 465-0949