



VOLUNTEER APPLICATION

ALL INFORMATION COLLECTED WILL
REMAIN PERSONAL AND CONFIDENTIAL

GENERAL INFORMATION

Last/First Name: _____ D.O.B.: _____ Sex: M ☐ F ☐

Address: _____ City: _____ State: _____ Zip: _____

Best Way To Reach You: ☐ Mobile ☐ Home ☐ Email ☐ Text

Phone #: _____ Email: _____

Emergency Contact #: _____ Relationship: _____

EDUCATION HISTORY

Highschool ☐ 9 ☐ 10 ☐ 11 ☐ 12 College ☐ 1 ☐ 2 ☐ 3 ☐ 4 Post-Grad ☐ 1 ☐ 2 ☐ 3 ☐ 4

Name of High School _____ City/State _____

Current School _____ City/State _____ Year _____

Current Occupation _____ Professional License # _____

Employer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

VOLUNTEER TYPE

Clinical

- ☐ Nursing ☐ Speech Therapy (ST)
☐ Respiratory Therapy ☐ Therapeutic Recreation (TR)
☐ Occupational Therapy (OT) ☐ Physical Therapy (PT)

Non Clinical

- ☐ Activities
☐ Personal Assistance
☐ Program Maintenance

REFERENCES

Name: _____ Relationship: _____

Phone #: _____ Years Known: _____

Name: _____ Relationship: _____

Phone #: _____ Years Known: _____

AVAILABILITY

Day 1 ☐ Morning ☐ Afternoon ☐ Evening

Day 3 ☐ Morning ☐ Afternoon ☐ Evening

Day 2 ☐ Morning ☐ Afternoon ☐ Evening

Day 4 ☐ Morning ☐ Afternoon ☐ Evening



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ADDITIONAL QUESTIONS

Interest and Hobbies:

Special Skills (ex. music, art, sports, clerical skills, ect)

Volunteer Experience

Are you fluent in any languages besides English (including American Sign Language)? If so, please list:

To photograph, interview, videotape, record and publish information, statement or images.

I authorize and permit representatives of Wave to photograph, record, conduct media interviews and/or publish my statements, images of myself.

I agree to the use and reproduction of pictures, statements and images of myself or my child for advertising, publicity, newspapers, television and/or radio broadcasts; books, brochure, magazines and newsletters; and videotapes or motion pictures.

Signature of Applicant

Date

Signature of Parent/Gaurdian

Phone Number

I certify that the statements herein are true to the best of my knowledge. I understand that in the event any statement made by me is found to be false, my application will become void and my volunteer status will be terminated. Furthermore I agree that I shall complete all assigned activities in a responsible and professional manner and will uphold and respect the confidentiality of every patient.

Signature of Applicant

Date

Signature of Parent/Gaurdian

Date



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Last/First Name: _____

Details:



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Do you have or have you ever had:

- ## Which Question?

Volunteer Name (Print) _____

Signature: _____ Date: _____

Parent/Legal Guardian (Print) _____

Signature: _____ Date: _____

Relationship: _____



Disclosure and Release

ALL INFORMATION COLLECTED WILL
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VOORHEES PEDIATRIC FACILITY (on behalf of NJ WAVE), may obtain information about you from a consumer reporting agency for volunteering purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources. These reports may be obtained at any time after receipt of your authorization and, if you are accepted as a volunteer, throughout your volunteering service. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for volunteering is an investigation into your criminal history, education and/or employment history conducted by Accutrace, Inc. P.O. Box 624, Bryn Mawr, PA 19010 or by contacting us at 1-888-54 -TRACE or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing NJ WAVE to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are accepted as a volunteer, throughout the course of your volunteering service is limited to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or volunteers only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am accepted as a volunteer, throughout my volunteering service. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Accutrace, Inc. or another outside organization acting on behalf of NJ WAVE, and/or NJ WAVE itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or volunteers only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or volunteers only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. ☐

< Please Print Clearly >

Applicant's Name: _____
First Middle Initial Last Email

Maiden Name(s) Used: _____ Nickname(s) Used: _____

Signature: _____ Date: ____mm/____dd/____yyyy

_____-_____-_____
Date of Birth (mm/dd/yyyy) Social Security No

Driver's License Number State

PROFESSIONAL LICENSE/CERTIFICATE NUMBER STATE PROFESSION

SCHOOL/UNIVERSITY NAME DEGREE/DIPLOMA TYPE DATE RECEIVED

Current Address _____ City _____ State _____ Zip _____

No. of Years at Current Address: _____ Phone Number _____

Previous Addresses within the Past 7 Years (Use back if additional space is needed)

Address _____ City _____ State _____ Zip _____

Address _____ City _____ State _____ Zip _____