

VOLUNTEER APPLICATION

FoundCare, Inc.
2330 South Congress Avenue, West Palm Beach, FL 33406
561-472-9160

Thank you for your interest in becoming a volunteer with FoundCare, Inc. Please take a moment to completely fill out the application below. The information you provide will be used to help us match you to the areas of your indicated interests.

Please print or type the following information:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell: () _____

Home Phone: () _____

Work Phone: () _____

Email Address: _____

Occupation: _____ **Full Time:** ____ **Part Time:** ____

May we call you at work? Yes: ____ No: ____

Date of Birth: Month: ____ Day: ____

Gender: Female: ____ Male: ____

Please check one Race/Ethic Group: ___Black ___Hispanic ___Asian ___Pacific Islander
___American Indian or Alaskan Native ___Caucasian ___Refused
(Gender and Race used for grant purposes only)

Transportation: (How will you get to your assignment?) (Circle choice)

Public Transportation Walk Bus/Van Taxi/Car Service Car

Languages: Fluent Read Write

1. _____

2. _____

When are you able to volunteer?

Monday _____am _____pm

Thursday _____am _____pm

Tuesday _____am _____pm

Friday _____am _____pm

Wednesday _____am _____pm

Other, specify _____

Please specify which volunteer opportunities interest you. (Please check all that apply)

Schedule/Conform appointments _____ Answering/Directing phone calls _____ Insurance Verification _____

Outreach to potential patients _____ Data entry _____ Scanning documents _____ Fax sorting _____

Patient greeting/escort _____ Registering patients _____

Other _____

What skills, training, or knowledge do you wish to utilize here? _____

Why do you want to volunteer here? _____

Have you ever been arrested or convicted of a crime? Yes: _____ No: _____

Are you currently awaiting trial, sentencing or other disposition of a criminal charge? Yes: _____

No: _____

If the answer to either question is “yes”, please explain (state the date, type of crime, place of occurrence, disposition): _____

Emergency Contact:

First Name: _____ **Last Name:** _____

Relationship: _____

Address: _____

Cell: () _____

Home Phone: () _____

Work Phone: () _____

Medical information we should be aware of in an emergency (allergies, special medication, &/or conditions): _____

Please read the following carefully before signing this application:

As a volunteer of FoundCare, Inc. I agree to fulfill the requirements of my assignments to the best of my ability. I agree to submit the monthly documentation of my volunteer hours on the forms provided by FoundCare, Inc. I will honor the Code of Confidentiality set forth by FoundCare, Inc. I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with FoundCare, Inc. that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by FoundCare, Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with FoundCare, Inc. or my termination as a volunteer.

Volunteer signature: _____ **Date:** _____