

# Volunteer Application



400 W. Elmwood Street, Burbank, CA 91506 • (818)852-8020 • Fax (818) 841-8006 • [www.kidsclinic.org](http://www.kidsclinic.org)

## Contact Information

Name (first middle last)	
Street Address	
Date of Birth	
Home Phone / Cell	
Social Security #	
E-Mail Address	

## Availability / Interests/Driver's License #

During which hours are you available to volunteer? Area of interest? Do you drive or on public transportation?

## Reference

Provide 1 reference and their contact information that we can contact.

## Background Check

Do you have any issue that could possibly be highlighted during a background check? Please explain. Do you have any misdemeanor or felony convictions? If so, please explain.

**Service Hours** – We will help you achieve service hours, but you must track them and have us sign them periodically and report them when your project is complete to the Director. We keep minimal service records.

## Previous Volunteer Experience - summarize previous experience.

--

## Person to Notify in Case of Emergency

Name	
Address	
Home/Work/Cell Phone	
Your Signature	
Date	I attest that the information is true to my knowledge and I agree to respect the policies of the Clinic.

## Our Policy

The Kids' Clinic provides healthcare services and are held to HIPPA standards of protecting the privacy of patients. Please initial here \_\_\_\_\_ that you understand your responsibility of confidentiality.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, sexual orientation, age, or disability. If under 18, please have your parent authorize their approval. To volunteer you must be in good health and understand the risks of being in the public health field working with children who are at a high risk for poor health.

Thank you for completing this application form and for your interest in volunteering with us.