

Last Name	First Middle		le	
Mailing Address	City	State	Zip	
Home Phone	Cell Phone	Busine	Business Phone	
Email Address			Date of Birth	
Volunteer/Employment Experience				
Organization Name, Supervisor Name, and Address			Business Phone	
Description of Volunteer/Employment Activities			Dates (Month/Year)	
			From To	
Organization Name, Supervisor Name, and Address			Business Phone	
Description of Volunteer/Employment Activities			Dates (Month/Year)	
			From To	
I authorize HumanKind to contact and obtain information abou	ut me to verify the accuracy of information I disc	closed in this		
application, a related employment resume or personal intervie	ew, if applicable. As a part of my volunteer servi	ice, I understand that I may be requ	ired to undergo further training and/or drug	
testing and/or background checks, and that failure to do so or rights to claims I may otherwise have against Humankimd or it	unsatisfactory results may affect my ability to vo	olunteer with HumanKind. To assist	in the processing of my applications, I waive all	
rights to claims I may otherwise have against HumanKimd or it zations who provide information for this purpose.	s representatives, for seeking and using informa	Tion to evaluate my volunteer requ	est and all other persons, corporations or organi-	
Print Name	Signature		Date	



Volunteer Emergency Contact Information

Primary			
Name:	Relationship:		
Address:			
City/State/Zip:			
Home Phone:	Cell Phone:		
Alternate			
Name:	Relationship:		
Address:			
City/State/Zip:			
Home Phone:	Cell Phone:		



DRUG AND ALCOHOL FREE WORK PLACE ACKNOWLEDGEMENT

Agency Policy: (From Personnel Policies)	
Presbyterian Homes & Family Services, Inc. shall main in accordance with the U.S. Department of Health and Hun unlawful manufacture, distribution, dispensing, possession including alcoholic beverages, is prohibited.	nan Services regulations. Any and all
The agency shall maintain a drug and alcohol free award volunteers of this policy and requiring all volunteers to sign policy, to voluntarily submit to a drug test based on reasons notify the agency of any criminal drug statute conviction for place.	n a statement agreeing to abide by the able suspicion of drug use, and to
Any volunteer suspecting another volunteer/employee of performance at the work place is required to report that to be Volunteer Coordinator who will interview the suspected volunteer.	his/her Program Director or the
I understand and acknowledge having read the above De Policy of Presbyterian Homes & Family Services, Inc. as re Health and Human Services.	
As a volunteer I will abide by the terms of that policy, a criminal drug statute conviction for a violation occurring in after such conviction.	and will notify my supervisor of any and the workplace no later than five days
Signature Date	
I hereby agree to submit to voluntary drug testing by P Services, Inc. based upon reasonable suspicion of drug use	
Signature Date	
02/18	



VOLUNTEER CONFIDENTIALITY

All information pertaining to our clients, their families, programs, personnel or agency is considered confidential and treated with full regard for the protection, safety and privacy of those involved. Contractual consultants are included in this practice standard. No information is provided without the written consent of the client and guardian, as applicable, unless otherwise required by law. Confidentiality includes written, verbal and collateral information.

I fully understand the practice of confidentiality and shall perform my job in full in accordance with and regard for this standard.

Signature	 Date	