

Isaac's Friends

Volunteer Application

Isaac's Friends would like to thank you for your interest in becoming part of our team as we seek to bring comfort, encouragement, love and attention to local children and their families who are experiencing the effects of serious illness or injury. We welcome anyone over 18 to apply for child volunteer services that involves going into the hospitals to interact with children. No matter what age you are, we can use your talents and abilities to help with events/activities volunteer work.

The child volunteer service places volunteers in the local hospitals to spend time with sick children playing video games, arts and crafts and reading. This is **NOT** a one-time service. This is an honored position. In order to be accepted for this role, the applicant must complete the entire application process as well as be willing to commit to a minimum of 6 months of total volunteer time (which is achieved according to the volunteer's schedule request). The application process begins with the Volunteer Application, release for criminal background check, and training for Isaac's Friends. This will also involve hospital requirements such as providing personal references, HIPPA confidentiality agreement, TB test, medical release from personal physician, and hospital guidelines training. Please consider heavily your level of commitment and the time you have available to give before beginning this process. Current requirements for Columbia, SC: weekly shift; Greenville, SC: weekly or biweekly choice. All shift requests will be filled according to availability at time of completion of application process.

Personal Information

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Street

City

State

Zip

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ ext. ____ Cell Phone: (____) ____ - ____

Which is the most reliable form of communication for you? _____

E-mail: _____

Emergency Contact – Name: _____ Phone: (____) ____ - ____

Education/Special Training: _____

Special Communication Skills (i.e. Sign Language, Fluency in Foreign Languages): _____

Prior Community/Volunteer Service: _____

Prior Hospital Experience: _____ No _____ Yes Where/When _____

Have you ever been convicted of a crime other than a minor traffic violation: _____ No _____ Yes (Provide details):

Available Work Times: _____ Constant _____ Will Fluctuate

(Greenville, SC **ONLY**: _____ Weekly _____ Biweekly)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIMES							

I have read and understood the requirements for the volunteer position that I am applying for. I acknowledge that all information provided is accurate and true and that any false information given will be grounds for denial and/or suspension of participation in volunteer services and/or any association with Isaac's Friends. I understand that this application is for the ability to participate as a volunteer and by no means implies an offer for employment or any other type of contract due to the applicant. As such, the volunteer role may be terminated at any time by Isaac's Friends or by me with appropriate notice given.

Signature of Applicant: _____ Date: _____