

Availability

Please circle times available.

9AM-Noon	4PM-8PM
Monday	Monday
Tuesday	Tuesday
Wednesday	Wednesday
Thursday	Thursday
Friday	Friday

Are you willing to be on call as a substitute? Yes No

Emergency Contact _____
Name Phone

Relationship to you _____

Personal References (no relatives)

Name _____ **Name** _____

Address _____ **Address** _____

Phone _____ **Phone** _____

Have you ever been terminated or asked to resign from a previous position? Yes No

Have you ever been convicted of, or are you currently charged with any crime? Yes No

Please read carefully and sign.

I have applied to volunteer at Riverview Psychiatric Center and authorize them to contact references, past employers, or any other source of information which may be relevant to my employment.

I understand that Riverview is not obligated to provide placement, not am I obligated to accept the position offered. If placed as a volunteer, I understand that this application will be made part of my volunteer record. To the best of my knowledge the information provided in this application is true and complete. I understand that any misrepresentations of omissions of facts shall be considered sufficient cause for dismissal. Further, I understand that if I accept the volunteer position offered, such placement is conditioned on the results of pertinent health screening, a criminal history background check and/or motor vehicle record check as applicable to the volunteer service that I will be performing.

Signature of applicant

Date