***Volunteer Application***

*I hereby apply to serve The Vitanova Foundation in the capacity of a volunteer.*

*As indicated by my signature below, I understand that if I am accepted as a volunteer:*

1. *I will be bound to respect the confidentiality of the clients of Vitanova with whom I may have contact from time to time – meaning I will not disclose the fact that any individual is a client, nor anything about that client, unless required by law; and*
2. *I will be required to provide additional information other than as detailed below:*

|  |  |  |
| --- | --- | --- |
| *Volunteer’s full legal name [print]* | *Volunteer’s Signature* | *DATE:* |
| *Home Address:* | *Postal Code:* | *Home No.:* | *Cell No.:* |
| *E-Mail Address:* | *Emergency Contact:* | *Work No.:* | *Cell No.:* |
| *Prior Experience as a Volunteer* |
| *Organization* | *Approximate date(s)* | *Principal Activities* | *Contact Person* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Personal References:* |
| *Name* | *Relationship* | *Duration of Relationship* | *Phone No. or Email Address:* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Additional Information that may be required (circle ‘Yes’ or ‘No’)* |
| *Are you willing to provide a driver’s license, driver’s abstract, and/or proof of auto insurance, if required (this applies if your volunteer duties entail you using your motor vehicle)?* | *Yes* | *No* |
| *Are you willing to receive orientation regarding your volunteer duties, and to acknowledge that orientation was received?* | *Yes* | *No* |
| *Are you willing to being evaluated on your volunteer work (a requirement if your volunteer assignment is on-going/not time-limited, or if you have more than occasional contact with clients)?* | *Yes* | *No* |

Additional information will be required if you are accepted as a volunteer.