COMMUNITY HEALTH & DENTAL CARE (CHDC)
VOLUNTEER APPLICATION

_____ _____
Name Date of Birth

_____ _____
Social Security Number Phone Number

_____
Home Address

_____ _____
City, State Zip

_____ _____
Employed By (If Employed) Phone Number

_____
Mailing Address

_____
Email Address

May you be called at work? ❑ Yes ❑ No

Brief description of work: _____

_____

Formal Education (highest year of school completed): _____

Do you speak a foreign language? ❑ Yes ❑ No If yes, which language _____

Do you drive? ❑ Yes ❑ No Do you have regular access to a car? ❑ Yes ❑ No

Current community activities: _____

_____

_____

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

_____

_____

What are your reasons for wanting to participate as a CHDC volunteer?

_____

_____

How did you learn about CHDC? _____

Have you ever been convicted of a crime other than a traffic violation? ❑ Yes ❑ No

If yes, what charge? _____ Date convicted: _____ Where _____

Do you consent to a routine check of your criminal records? ❑ Yes ❑ No

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High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major:_____

Degree:_____

Name of school:_____

Work/Volunteer History:

Name or address of present or last employer or volunteer project:

Dates: _____ Supervisor's name:_____

Brief description of work:_____

Work/Volunteer History:

Name or address of present or last employer or volunteer project:

Dates: _____ Supervisor's name:_____

Brief description of work:_____

Work/Volunteer History:
Name or address of present or last employer or volunteer project:

Dates: _____ Supervisor's name:_____

Brief description of work:_____

_____

Work/Volunteer History:
Name or address of present or last employer or volunteer project:
_____
Dates: _____ Supervisor's name:_____

Brief description of work:_____
_____

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name Address Zip Code Phone Relationship

1. _____
2. _____
3. _____

How long have you lived in the area? _____

Community Health & Dental Care, Inc. reserves the right to make any background checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

_____ _____
Applicant Signature Date

PLEASE RETURN YOUR COMPLETED APPLICATION AND RELEASE OF INFORMATION TO:

Community Health & Dental Care
800 Heritage Drive, Suite 810
Pottstown, PA 19464
Attn: Human Resources

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize a representative of Community Health & Dental Care (CHDC) to conduct an investigation on my background in conjunction with their official duties.

I authorize any law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to CHDC.

I further authorize the Department of Family Services or any other agency to release any information regarding charges filed against me, investigations into my background that have been conducted or are in the process or being conducted, or any other information requested by a representative of CHDC.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of CHDC

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

FULL NAME (Please print)_____

MAIDEN NAME_____

OTHERS NAMES USED BY YOU_____

SOCIAL SECURITY NUMBER_____

PENNSYLVANIA DRIVERS' LICENSE NUMBER_____

SEX: (circle one) Male Female

DATE OF BIRTH_____

SIGNATURE_____

DATED this _____ day of _____, 20__.