



Volunteer Application

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Street Address: _____

(City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Do you have a family member employed with or a resident at Bethany Life? ☐ Yes ☐ No

If yes, please list name of family member: _____

Have you ever volunteered for or been employed with Bethany Life? ☐ Yes ☐ No

If yes, when and what position? _____

Previous volunteer experience with any other organizations? ☐ Yes ☐ No

If yes, where: _____

What volunteer position(s) are you interested in? _____

When are you available for volunteering? _____

Why are you interested in volunteering for Bethany Life? _____

Do you have any special skills or qualifications? _____

Do you have any restrictions or medical issues we should know about? ☐ Yes ☐ No

If yes, please list: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, who should we contact?

Name: _____

Relationship: _____ Phone: _____

AFFORDABLES VOLUNTEERS ONLY

How often do you wish to volunteer?

___ Once / week ___ Twice / week ___ Every two weeks ___ Longer interval

When are you available to volunteer?

___ Morning ___ Afternoon ___ Evening ___ Saturday

How long are you able to volunteer?

___ 3 hrs (Saturday) ___ 4 hrs ___ Longer interval

Do you have a time limit on your volunteer commitment?

___ 3 months ___ 6 months ___ 1 year ___ Indefinite

Do you have a job preference?

___ Sorting / pricing ___ Putting items out ___ Cash register ___ Creating displays

___ Cleaning ___ Maintenance ___ Testing items ___ Other

Are there any skills you can draw from previous experiences you could care to use?

(ex: hobbies, work, or volunteer experience) _____

Full Name Printed: _____

Signature: _____ Date: ____/____/____

Office use only:

Application Complete/Received	_____	Orientation/Training Complete	_____
Background Check	_____	Schedule Determined	_____



Iowa Health Care Facility Record Check

This criminal background check will be conducted by the Iowa Department of Criminal Investigations via Internet access.

First Name

Middle Name

Last Name

Maiden / Other Legal Last Name(s)

Sex

Date of Birth

Social Security Number

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under Iowa Code Chapter 321 or equivalent provisions, in this state or any state?

☐ Yes ☐ No

Signature: _____ Date: ____/____/____