



Is there anything that may adversely affect your ability to perform as a volunteer, or that would require an accommodation in order for you to safely and competently perform your volunteer assignment as requested?    YES                       NO

If yes, please describe, including details and accommodation requirements. *Note: Information will be kept confidential.*

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**EDUCATION**

School \_\_\_\_\_

Is volunteering a school requirement? \_\_\_\_\_

List of school organizations/clubs that you participate in:

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Have you ever been convicted of a crime:    YES    NO   (**NOTE:** Criminal history will not automatically result in denial or loss of volunteer placement) **\*IF YES**, please provide date, place, nature of conviction and disposition: \_\_\_\_\_

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**IN CASE OF EMERGENCY, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I am applying for a volunteer assignment/experience at Crozer-Keystone Health System. I have carefully read the application statement and have provided accurate information to the best of my knowledge. The facts set forth in my application are true and complete. Permission is given to Crozer-Keystone Health System (CKHS) to verify all information I have provided in this application. Unless otherwise indicated in the application, I authorize all persons or entities to provide any relevant information to CKHS or its agents for use in its investigation and release them from any liability for doing so. I understand and agree that this volunteer application and other CKHS documents or statements are not contracts of employment or volunteer service. Volunteer placement is contingent upon successful completion of requirements, including reference verifications, background investigation and appropriate testing and training. I understand that any misrepresentation by me may be cause to terminate my assignment as a volunteer. Thank you for completing this application form and for your interest in volunteering with us.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer  
Director: \_\_\_\_\_ Date: \_\_\_\_\_