



Circle the City

healthcare for the homeless

333 W. Indian School Road

Phoenix, AZ 85013

(602) 776-9000

Adult Volunteer Application

Requirements: Must be 21 or older, complete background check, TB test, volunteer orientation, flu shot (depended on season)

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ City: _____ ST: _____

ZIP: _____ County: _____

Home Phone: _____ Mobile Phone: _____

Please circle for each of the following:

Preferred Contact Number: Home Mobile Gender: Male Female

E-mail Address: _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Emergency Contact Phone 2: _____

Do you have any physical or medical conditions which will limit your ability to perform volunteer service or will require any special accommodation? Yes No

If yes, please explain: _____

History and Availability

How did you hear about our volunteer program?

Self Website Employee Volunteer School Advisor Other: _____

Approximately how many hours per month are you willing to volunteer? _____

Why do you wish to volunteer? _____

In what capacity do you wish to volunteer? _____

Employment / Experience / Education

Work Status: Student Homemaker Retired Seeking Employment Employed

If employed, where and in what capacity: _____

Previous volunteer / community work: _____

Level of education completed: HS diploma GED Undergraduate Masters PhD Some college

If enrolled in college, where? _____ Major: _____

Hobbies, interests, extracurricular activities: _____

Languages: _____ Other special skills: _____

Volunteer Availability

Time:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							

Do you prefer (circle one): Patient Contact No Patient Contact Clerical Other: _____

Is there a specific area you would like to request?: _____

Are you willing to be called with special projects? Yes No

Background Check

A background check will be conducted on all adult volunteer applicants. CTC conducts criminal history checks on every volunteer. Please note that conviction of a crime is not an automatic disqualification. Failure to disclose or provision of false information will result in the disqualification and/or termination of the application.

Have you **ever**, under this name or any other name, pled guilty to, been convicted of, or received probation with an alternative sentence, condition discharge or pretrial diversion of **ANY** crime? Yes No

If yes, please state the offense, place of the occurrence, date, and disposition: _____

Have you **ever**, under this name or any other name, been convicted of a misdemeanor? Yes No

If yes, please state the offense, place of the occurrence, date and disposition (Please exclude only MINOR traffic violations): _____

Are you currently serving probation, conditional discharge, or pretrial diversion for any crime? Yes No
If yes, please provide details of the offense, disposition, and current status: _____

Is your volunteer service intended to satisfy court-ordered community service? Yes No
Have you ever been accused or convicted of Medicare fraud or abuse? Yes No

****Please attach a copy of your driver’s license and a copy of your food handler’s card, if applicable.****
Professional Volunteers please attach applicable licensure or certifications.

Volunteer Commitment to Confidentiality and Service

Should I be accepted as a CTC Volunteer, I agree to:

- Maintain the confidentiality of all information which I may obtain directly or indirectly concerning patients, physicians, volunteers or staff.
- Not seek confidential information in regard to any patient.
- Uphold the Mission, Vision, Values, and Code of Conduct of CTC.
- Make every effort to fulfill my volunteer commitment.

I certify the statements made in this application are true and correct, and given voluntarily. I understand that my time and services are donated to CTC without contemplation of future employment and also understand that I will not be paid for my services as a volunteer. Prior to the onset of serving as a volunteer, I understand that I will be required to complete an Orientation, Occupational Health Screening, and additional training that a service assignment may require.

I am aware that the misrepresentation and/or withholding of information may result in the rejection of this application or cause my discharge if discovered after volunteer service commences.

Applicant’s Signature: _____ Date: _____