



VOLUNTEER APPLICATION

Name: _____ Date of birth: [Click here to enter a date.](#)

Address: _____ City: _____

Telephone: _____ Zip code: _____

Cell: _____ E-mail: _____

T-shirt size: M _____ Best time to reach you: 8:00 AM

Availability to volunteer: (Please indicate day(s) and hours)

- | | | | |
|------------------------------------|-------------------------|-----------------------------------|-------------------------|
| <input type="checkbox"/> Monday | from None AM to None PM | <input type="checkbox"/> Tuesday | from None AM to None PM |
| <input type="checkbox"/> Wednesday | from None AM to None PM | <input type="checkbox"/> Thursday | from None AM to None PM |
| <input type="checkbox"/> Friday | from None AM to None PM | <input type="checkbox"/> Saturday | from None AM to None PM |
| <input type="checkbox"/> Sunday | from None AM to None PM | | |

How often: Other Other:

Please check the type of volunteer work you would like to do for the NIHHC

- | | | |
|---|--|--|
| <input type="checkbox"/> Office work | <input type="checkbox"/> Promoting events/activities | <input type="checkbox"/> NIHHC's booth |
| <input type="checkbox"/> Registration at Health Fairs | <input type="checkbox"/> Making phone calls | <input type="checkbox"/> Activities for children |
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Facilitating classes (adults) | <input type="checkbox"/> Facilitating classes (children) |
| <input type="checkbox"/> Serving food at events | <input type="checkbox"/> Taking blood pressure | <input type="checkbox"/> Data input |
| <input type="checkbox"/> Performing cholesterol/ glucose screenings | | <input type="checkbox"/> Set-up / Clean-up at events |

My talents and things that I enjoy doing are:

I am particularly interested in:



Regarding language, mark all that apply:

- | | |
|--|--|
| <input type="checkbox"/> I am comfortable reading Spanish | <input type="checkbox"/> I am comfortable reading English |
| <input type="checkbox"/> I am comfortable writing Spanish | <input type="checkbox"/> I am comfortable writing English |
| <input type="checkbox"/> I am comfortable speaking Spanish | <input type="checkbox"/> I am comfortable speaking English |

Please check if you have received training in any of the following areas

- | | | | | | |
|---|---------------------------------------|--|------------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Mental health/Stress | <input type="checkbox"/> I am a nurse | <input type="checkbox"/> No medical background | <input type="checkbox"/> Other | | |

How did you hear about us?

- | | | | | | |
|--|------------------------------------|--------------------------------|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio | <input type="checkbox"/> NIHHC's website | <input type="checkbox"/> Facebook | <input type="checkbox"/> NIHHC Event |
| <input type="checkbox"/> Other Volunteer | <input type="checkbox"/> Other | | | | |

In what language would you like to receive written information? English

Would you like to refer a friend to become a NIHHC volunteer?

Name:

Phone #:



VOLUNTEER STANDARDS AGREEMENT

The Volunteer warrants that:

1. I am competent to perform the volunteer duties assigned and will do so to the best of my ability and in a safe and reasonable manner.
2. I agree to follow the protocol for my station. I will follow the directions given to me by the Site Coordinator or any other NIHHC representative.
3. I will respect diversity and refrain from making offensive comments about race, gender, age, religion, physical ability, or sexual orientation. I will treat other volunteers, participants, etc. with respect and will use appropriate language. I understand that sexual harassment will not be tolerated.
4. I understand that all participant information is CONFIDENTIAL. I will protect the confidentiality of participants and will not discuss their personal information, medical condition, or any other information with any other person who is not authorized to know such information.
5. The undersigned hereby releases and discharges all healthcare professionals, healthcare organizations, the NIHHC, together with its successors, subsidiaries, officers, employees, representatives, volunteers, or agents, of and from any and all claims of liability of any type whatsoever, including but not limited to, property damage, physical injury, mental anguish, embarrassment, defamation and invasion of privacy, which the undersigned and dependents may suffer arising out of, based upon, resulting from, or in any way connected with the undersigned's participation in the health fairs.
6. I give permission to NIHHC to take photographs/videos for the purpose of reporting their events/programs and for publicity. All photographs/videos remain the SOLE property of the NIHHC.

NIHHC agrees to:

1. Provide training, information, and assistance for the volunteer to be able to meet the responsibilities of their position.
2. Respect the skills, dignity, and individual needs of the volunteer, and do our best to adjust to individual requirements.
3. Be receptive to any comments from the volunteer regarding ways in which we might better accomplish our respective tasks.
4. Treat the volunteer as an equal partner with agency staff and recognize that we are jointly responsible for accomplishment of our mission.
5. Adhere to a non-discrimination policy. Volunteers will not be treated differently due to race, gender, age, religion, physical ability, or sexual orientation.

By signing this, I acknowledge that I have read, understand, and agree to abide by the guidelines/policies established by the NIHHC.

[Click here to enter a date.](#)

Volunteer signature (May be typed-in if electronic copy)

Date

Volunteer name printed

Please return these forms to:

Tel: 574.522.0966



444 North Nappanee St., Elkhart, IN 46514



Fax: 574.522.0354

info@nihhc.com

For more information, visit our web at www.nihhc.com