

## **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

Monday	from None AM to None PM	Tuesday	from None AM to None PM			
U Wednesday	from None AM to None PM	🗌 Thursday	from None AM to None PM			
🗌 Friday	from None AM to None PM	🗌 Saturday	from None AM to None PM			
Sunday	from None AM to None PM					
How often: Other Other:						

Please check the type of volu	Please check the type of volunteer work you would like to do for the NIHHC				
Office work	Promoting events/activities	NIHHC's booth			
Registration at Health Fairs	Making phone calls	Activities for children			
Interpreter	Eacilitating classes (adults)	Exactlitating classes (children)			
Serving food at events	Taking blood pressure	Data input			
Performing cholesterol/ gluc	ose screenings	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:						
I am comfortable reading Spanish	I am comfortable reading English					
I am comfortable writing Spanish	I am comfortable writing English					
I am comfortable speaking Spanish	I am comfortable speaking English					
Please check if you have received training in any of the following areas						
Heart disease Diabetes Obesity	Heart disease Diabetes Obesity Nutrition Tobacco Cancer					
Mental health/Stress I am a nurse No medical background Other						
How did you hear about us?						
Friend Newspaper Radio NIHHC's website Facebook NIHHC Event   Other Volunteer 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

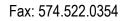
Volunteer name printed

Please return these forms to:

Tel: 574.522.0966



444 North Nappanee St., Elkhart, IN 46514



info@nihhc.com

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