

POLICY TYPE: HUMAN RESOURCES STANDARDS
(HRS) POLICY TITLE: *PRACTICUM STUDENTS AND VOLUNTEERS*

APPENDIX 28: *VOLUNTEER AND PRACTICUM STUDENT APPLICATION FORM*

Today's Date: _____

PERSONAL INFORMATION

Name: _____

Full Address: _____

Home Telephone: _____ Work Telephone: _____

Cellular: _____ Email: _____

Emergency Contact Name
and Telephone: _____

Doctor's Name and
Telephone: _____

Why are you interested in volunteering?

Personal Interest Educational Internship

Community Service Hours

Age: over 18 Under 18

Do you have a valid driver's license? Yes No

If successful in attaining a volunteer post, I give permission for photographs taken by Lifetime Networks' staff or representatives to be used on the Lifetime Networks website, Lifetime Networks PowerPoint presentations and on other promotional materials for Lifetime Networks.

Yes No

If successful in attaining a volunteer post, I am providing my express consent to receive electronic messages to the above noted email address from Lifetime Networks such as newsletters, announcements, programs and events. I may unsubscribe at any time.

Yes No

I acknowledge that Lifetime Networks is a peanut, perfume/cologne, and shellfish free area

EXPERIENCE AND EDUCATION

What is your educational/training background?

What is your employment history?

Have you had any previous experience as a volunteer? If so, with what organization and what kind of work did you do?

Please describe why you want to be a volunteer at Lifetime Networks. Why, at this particular time in your life have you chosen to volunteer with us? What do you hope to gain from being a volunteer?

CRIMINAL HISTORY

All volunteer positions require a Criminal Record check. Conviction will not necessarily disqualify you from participating. Have you even been convicted of a criminal code offense? If yes, please explain.

Yes No _____

YOUR INTEREST AT LIFETIME NETWORKS

How did you learn about Lifetime Networks?

Current Volunteer Other (please specify) _____

Which opportunities do you wish to further explore:

Network Friend Best Buddies

1.

Name: _____

Occupation: _____ How long they have known you: _____

Telephone: _____ Email: _____

2.

Name: _____

Occupation: _____ How long they have known you: _____

Telephone: _____ Email: _____

Signature

Date

INTERNAL USE ONLY

Criminal Record

Orientation Booklet

Confidentiality Agreement

Conflict of Interest

Driver's Abstract and Copy of License

Background Check Document