

## Volunteer Application

Day Kimball Healthcare is an Affirmative Action / equal opportunity employer committed to providing equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Available: \_\_\_\_\_ Email Address: \_\_\_\_\_

Service Position Desired: \_\_\_\_\_

Goals for volunteering your time: \_\_\_\_\_

Do you agree to have a medical exam if it is required for your placement? YES  NO

### Availability

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					

### Education

High School: \_\_\_\_\_ Town, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Town, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Town, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Employment History

Are you currently employed? Yes \_\_\_ No \_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Do you have any special skills, interests, or hobbies that would benefit our patients? \_\_\_\_\_

## Emergency Contact

In case of emergency whom should we notify:

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

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that if accepted as a volunteer, statements found to be false or misleading may be cause for my immediate dismissal. Day Kimball Healthcare, Inc. has my permission to contact directly references I have listed, or any other sources, concerning my prior work or personal history; and I release all parties from any possible damages resulting from disclosing such information with or without prior notice to me. I also understand that all applicants are required to complete a criminal background check.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE MAIL TO:

Day Kimball Healthcare  
Department of Volunteer Services  
320 Pomfret St.  
Putnam, CT 06260

860-963-6458  
FAX: 860-963-6043  
Email: [jjohnson@daykimball.org](mailto:jjohnson@daykimball.org)