

HILLSIDE

...a continuum of care for children, adolescents and their families.

Volunteer Application Form

Thank you for your interest in becoming a Hillside volunteer. The following information will let us know more about you and your interests in volunteering.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Age: _____ Birthday: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
E-mail: _____

Emergency Contact: _____ Relationship: _____
Home Phone: (_____) _____ Work Phone: (_____) _____

How long have you lived in this community? _____ Years _____ Months
If you have lived at your current address less than one year, please give your previous address:
Address: _____
City: _____ State: _____ Zip Code: _____

Present Employer: _____ Type of Work/Title: _____
Dates of Present Employment: _____ From To Work Phone: (_____) _____
Would you like us to keep your employer informed of your volunteer service and achievement? _____ Yes _____ No
Highest Level of Education: _____
Limitations related to Health _____
Do you have a valid Georgia driver's license? _____ Yes _____ No

Have you ever been a volunteer or staff member at Hillside? _____ Yes _____ No
If yes, when? _____ What Capacity? _____
Name of person who supervised you: _____

Volunteer Experience or Organizational Membership:

Name of Organization and Location	Length of Time Affiliated with Organization
1) _____	_____
2) _____	_____
3) _____	_____

I would like more information about volunteering in the following area(s):
_____ Assist with special events (5K Race, community meals, functions, festivals)
_____ Hair Salon (for licensed professionals only)
_____ Clothing Closet
_____ Campus Beautification Projects
_____ Office/clerical work
_____ Other (such as special interests or skills you'd like to share) Please explain: _____

I would like to volunteer at Hillside: _____ hours/days (circle one) _____ per month/week (circle one)



690 Courtenay Drive N.E., Atlanta, Georgia 30306 • 404-875-4551 • www.hside.org

Over *120 Years* Caring for Children and Families



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I am available to volunteer: (please check appropriate boxes)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							

Tell us about your hobbies, interests, special training, etc.:

Please Initial to Indicate Authorization:

_____ I certify that all the information provided in this application is true and complete. I understand that falsification or omissions of any information may be cause for denial of appointment or dismissal if discovered at a later date.

_____ I understand that this is an application for and not a commitment or promise of volunteer opportunity.

_____ I understand that prior to the expiration of my term, if appointed, I am subject to suspension and removal by Hillside, Inc. at any time.

EEO STATEMENT: *It is the policy of Hillside, Inc. that all persons shall have equal opportunity and access to its programs and facilities without regard to race, color, sex, religion, national origin, age, marital status, parental status, sexual orientation, or disability.*

CONFIDENTIALITY STATEMENT: In signing this form, I understand that I have a professional responsibility to maintain the confidentiality of patients served by Hillside, Inc. Confidentiality includes not discussing patient names and other information with those not involved in the treatment of patients at Hillside. Clinical records are confidential and information in these records cannot be shared except as required by law, without the written consent of the patient, family, or other legally responsible parties. The written or verbal release of information must comply with Hillside policy and procedure regarding confidentiality and release of information. The misuse of this knowledge can be damaging to the patient, his/her family, and to the professional and public image of Hillside, Inc. I understand and accept my obligation in this respect.

HILLSIDE ARREST RECORD POLICY

Complete this section if you are working directly with our children.

Each volunteer working directly with the children must be fingerprinted and pass a criminal background check conducted by the Georgia Crime Information Network. This policy is necessary for the assurance of the safety and welfare of our patients and to meet State Certification Standards. Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have an arrest record? _____ Yes _____ No

If Yes, please explain _____

Volunteer Applicant Signature

Hillside Representative Signature

Volunteer Print Name

Hillside Representative Title

Date

Date



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