



# Volunteer Application

Please attached copy of government or school-issued photo ID

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ (Minimum Age 16)  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
Gender:  Male  Female  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer Contact: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Language(s) Spoken: \_\_\_\_\_

Please check "Yes," "No," or "Maybe" to the following questions. If "Yes/Maybe," please provide details/explain below:

Do you have a medical impairment or condition that may prevent you from performing the volunteer duties selected below?	No	Yes/Maybe	Explanation/Describe circumstances
Have you ever been convicted of a misdemeanor or felony?			
Have you ever had a professional license, certificate or registration suspended or revoked?			

Would you like to receive our LDCC email updates?  Yes  No

Type of Position applying for:  Long term volunteer  One time volunteer  Internship  Unsure

Preferred LDCC Volunteer Location(s):  Parkland  Bremerton

### Availability:

Please check box for days & circle times you are available  
(This does not commit you to all of these times; it just shows availability)

- Mondays: morning / afternoon / evening
- Tuesdays: morning / afternoon / evening
- Wednesdays: morning / afternoon / evening
- Thursdays: morning / afternoon / evening
- Fridays: morning / afternoon / evening
- Weekends: for occasional event

Hours per week would you like to volunteer? \_\_\_\_\_

How did you find out about our volunteer program?  
\_\_\_\_\_

Special skills, hobbies or interests?  
\_\_\_\_\_

### Volunteer Preferences: (may not be available at all locations)

Please check a box for your preferred area to volunteer  
(You may check more than one box)

- Kids' Activities/Tooth Fairy
- Administrative
- Human Resources
- Special Events
- Dental Services
- Get the Word Out (Community Outreach)
- School Outreach
- Oral Health Goody Bag Assembly
- Skilled Maintenance
- Skilled IT
- Internship
- Other: \_\_\_\_\_

Are you a veteran or veteran family member?  Yes  No  
Where you born between 1946 and 1964?  Yes  No

Your primary reason for volunteering: \_\_\_\_\_

- I certify that all statements made by me on this application are true and correct to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentations or omission of the facts can exclude my being considered for volunteer services or after my service begins may be cause for dismissal.
- I have **attached a copy of my government or school-issued photo ID** and understand that a background check will precede my involvement as a volunteer.
- I will perform services as a volunteer without compensation and acknowledge that I am not acting as an employee of LDCC during such service.
- I understand that my participation is strictly on a volunteer basis and that there will be no insurance provided against bodily harm. I also understand that volunteer positions are not covered under Worker's Compensation Insurance. I agree to release, indemnify and hold harmless Lindquist Dental Clinic for Children from all liability in connection with any injury, sickness or property loss/damage sustained while serving as a volunteer.
- I understand that completion of this application does not guarantee placement.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature of Parent or Guardian (if under 18): \_\_\_\_\_