

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____ Phone _____ Home

Work

DOB _____ E-Mail _____

Cell

Emergency Contact

Full Name _____ Relationship _____

Phone _____ E-Mail _____

AtlantiCare

Are you a past employee or volunteer of AtlantiCare? Yes From _____ - _____
 No

Do you have any relatives or members of your household who work or volunteer at AtlantiCare?

If yes, please specify below:

Full Name _____ Dept. _____ Relationship _____

Full Name _____ Dept. _____ Relationship _____

Education

What is the highest degree or level of education you have completed? Are you a retired RN or LPN?

Some High School High School Bachelor's Degree Yes No

Master's Degree PhD or Higher Trade School

Please list current licenses or certifications below and include a copy with your application.

License or Certification Title	Issuing Organization	Issuance Date	Expiration Date

Employment Experience *(Most Recent Postion)*

Employer Name _____

Title _____ Employment Dates: _____ - _____

Job Responsibilites

(Additional employment information applicable to your area of interest may be shared directly with your volunteer representative.)

Skills & Hobbies

Are you fluent in any language besides English? Yes No If yes, which one(s): _____

Hobbies/specialized talents *(crafts, gardening, musician, etc.)*

Professional and/or community organization involvement:

Do you have any professional skills that you would be interested in lending while volunteering?

Onboarding and Commitment

Are you able to complete a volunteer commitment of once a week for a minimum of six months? Yes No

Are you able to undergo the mandatory screening process with AtlantiCare? Yes No

(This process can take up to one month before onboarding volunteers.)

I attest that all of the information provided in this application is accurate and true to the best of my knowledge.

Signature _____ Date _____

Applicant Authorization

I understand that completion of this application and/or interview/screening process is not a promise of an offer of assignment. As a volunteer, I have no expectation of compensation for services provided. If I have provided false or misleading information, I acknowledge that AtlantiCare may terminate any volunteer assignment immediately.

Signature _____ Date _____

Administrative Use Only:

Date Received: _____ Date Reviewed: _____ Reviewed By: _____