



VOLUNTEER APPLICATION

Name	
Address	
City/State/Zip	
Home Phone	
Cell Phone	
Emergency Contact/Phone	
Division/Program	
Office Location	
Dates of Commitment	From: _____ To: _____

I, _____, am providing volunteer service to Eastern Idaho Public Health. I understand that all client information including history, medical background, and finances is strictly confidential and will not be shared or discussed outside of the program where volunteer service is rendered.

Subject to termination by either party, I agree to furnish my services as directed and authorized and agree to abide by the rules, regulations, and policies of Eastern Idaho Public Health District. By signing below, I acknowledge specific understanding that patient or client information is to be held in strict confidence.

I also understand that my role at Eastern Idaho Public Health is strictly of a volunteer nature and will not result in payment of any kind nor will it be represented as employment to any future employer.

Volunteer Signature: _____ Date: _____

Additional Languages (speak, read, or write):

Division Director or Supervisor Approval

Print Name: _____ Date: _____

Signature: _____

Agency Director Approval

Signature: _____ Date: _____