



Dear Prospective Volunteer:

Thank you for expressing an interest in volunteering at MedBank Foundation, Inc. Our volunteer program provides individuals with an opportunity to make a difference by supporting operations which serve to provide uninsured or under-insured individuals with access to prescription medications. Your donated service hours help to foster a healthier community by ensuring continued access medications need for chronic disease management.

Becoming a volunteer is truly a rewarding and fulfilling experience and one that we want you to thoroughly enjoy. To ensure we select volunteers who best meet the needs of our organization and for you to have a good experience, our process for selecting volunteers is very thorough.

Enclosed you will find our volunteer application. Applications will be processed as soon as your information and documents requested are received for consideration. Candidates must complete an application package; engage in an interview; and consent to background check.

Volunteer program requirements

- **Age-18 years or older**
- **Minimum commitment of 40 hours of service per year**
- **Clear background check**
- **A letter of recommendation from non-family members (returned with application)**
- **One-on-one interview**
- **Mandatory orientation conducted following acceptance**

All of the following are requirements that apply to most adult volunteers. If you do not feel that you are able to meet each and every one of these requirements, please contact the Volunteer Coordinator prior to applying. We are excited you have chosen MedBank Foundation, Inc. as an opportunity to volunteer. Once we have received your information and have reviewed it for appropriate qualifications, we will be in touch with you to inform you of your status.

Sincerely,

A handwritten signature in blue ink, appearing to read "Deborah Heddendorf".

Deborah Heddendorf
Development and Community Services Director
MedBank Foundation, Inc.



VOLUNTEER INFORMATION SHEET

First Name: _____ MI _____ Last Name _____

S.S. # ____ - ____ - _____ D.O.B. ____/____/____ (mm/dd/yyyy)

Male _____ Female _____ Ethnicity/Race _____

Phone Number _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Emergency Contact Information

First Name: _____ Last Name: _____

Contact Number: Daytime _____ Cell phone: _____

Email Address _____ Relationship _____



Volunteer Application

We deeply appreciate your interest in volunteering with our organization and assure you that we are interested in your qualifications. A clear understanding of your background and work history will assist us in placing you in the position that best meets your qualifications to offer you the best volunteering experience.

Your application will be considered for 30 days.

Name _____

Address _____

City/State/Zip _____

Home # _____ Work # _____

Cell # _____ E-Mail _____

How did you learn about MedBank? _____

Are you currently employed? _____ If yes, then where? _____

Name of current supervisor or manager: _____

Education background: please check highest level completed

High School _____ College _____ 1 _____ 2 _____ 3 _____ 4 _____

Master's _____ Doctorate _____

Day(s) of the week preferred: Please indicate times preferred by circling the day and time of day you prefer. List the hours you are available.

Availability: Mon Tues Wed Thurs Fri Sat Sun.

Morning _____ Afternoon _____ Evening _____

Work History

Name of Organization _____

Address _____

City/State/Zip _____

Position Held _____ Supervisor _____

Dates of Service (From) _____ (To) _____

Work History

Name of Organization _____

Address _____

City/State/Zip _____

Position Held _____ Supervisor _____

Dates of Service (From) _____ (To) _____

Volunteer Experience

Name of Organization _____

Address _____

City/State/Zip _____

Position Held _____ Supervisor _____

Dates of Service (From) _____ (To) _____

Provide Two References Below and Submit One Letter of Recommendation

Name _____ Phone _____

Address _____

City/State/Zip _____

Relationship _____

Name _____ Phone _____

Address _____

City/State/Zip _____

Relationship _____

Please tell us why you've chosen MedBank Foundation to be a volunteer :

Have you ever been convicted of a crime other than a minor traffic violation?

Yes _____ No _____

If yes, please explain: _____

Disclaimer and Agreement (*Please read carefully before signing*)

I affirm that the information provided in this application is true and complete to the best of my knowledge. I understand the necessity for MedBank Foundation, Inc. to conduct criminal background checks on prospective volunteers and willingly consent to having one completed in response to the submission of my application.

I agree to follow policies and procedures for volunteers as instructed. I understand that volunteers are not covered by Workers Compensation and that I am responsible for maintaining my own health insurance. I voluntarily offer my services with a clear understanding that there will be no monetary compensation and that volunteering does not lead to employment.

I understand and agree that submitting this application form does not automatically register me as a volunteer with MedBank Foundation, Inc. and that there may be certain qualifications I must meet including the acceptance of established volunteer policies and procedures before I may begin volunteering.

I agree to volunteer no less than four hours at a time for a minimum commitment of at least 40 hours over one-year time period. Note that staff will only sign off to verify a volunteer's hours once the 40-hour and one-year commitment has been fulfilled.

I Agree:

Volunteer Candidate's Signature

Date

Please note, an interview does not guarantee acceptance into the program
Please return Volunteer Application and Authorization for Background Check to
Deborah Heddendorf at dheddendorf@medbank.org. Question? Call 912-657-6734

CONSUMER AUTHORIZATION FOR BACKGROUND CHECK

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution, drug screening facility or other persons having personal knowledge about me, to furnish bearer with any and all information, including but not limited to criminal, driving, credit history and Global Watch Alert information, in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request. I understand this authorization is to be part of the written employment application that I sign. I have been given a stand-alone, consumer notification that a Consumer report or Investigation Consumer Report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or volunteer.

Signature_____ Date_____

Name (please print) _____

Address_____