



**Thank you for choosing Whole Family Health Center for volunteering opportunities!** We are known as a provider of a quality and affordable health care.

Whole Family Health Center (WFHC) will accept volunteers on the first come first serve basis provided the volunteer can provide documentation of the following:

- a. Experience in healthcare or related field
- b. Willingness to work with the target population
- c. Desire to continue the mission of the organization

**DEFINITION:**

Volunteer- Individual who undertakes and performs a service willingly and without pay for WFHC.

**PROCESS:**

All Volunteers must submit a WFHC Volunteer Application and current Résumé to the Development and Grants Specialist. Those volunteers with licensure must submit a copy of the current licensure to perform any duties that will require that information. A personal interview will be set up between the volunteer, Development and Grants Specialist and Department Manager to discuss volunteer opportunities within the organization.

WFHC always tries to accommodate its volunteers, as we understand you are assisting us and many volunteers have work and school schedules. Volunteers will communicate with Development and Grant Specialist when they will be unable to make their scheduled time via email or phone. This should be communicated at least 24 hours in advance, if possible.

Volunteers are an important part of our programs. Without you we could not provide all the many services currently offered. We thank you for your interest and service and look forward to along lasting relationship.

A handwritten signature in black ink that reads "Jennifer Hitchner".

Jennifer Hitchner  
Development and Grants Specialist  
[JHitchner@wfhcfl.org](mailto:JHitchner@wfhcfl.org)



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Ph: 772.257.5785

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[www.WholeFamilyHealthCenter.org](http://www.WholeFamilyHealthCenter.org)

## VOLUNTEER APPLICATION

### PERSONAL INFORMATION

Name (Last, First, Middle): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 SS#: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 (Solely for the purpose to verify Level 2 background screening as required/ State of FL)

Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Personal Phone#: (\_\_\_\_\_) \_\_\_\_\_ Work Phone#: (\_\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_

Alternate Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### EMERGENCY CONTACT

<b>Name</b>	Address _____ City _____ State _____ Zip Code _____ Phone#: (_____) _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home Relationship: _____
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### EDUCATION

	Address	Years Attended	Highest Level Completed	Subject studied
College				
Trade, Business, or correspondence school				

### EMPLOYMENT INFORMATION

Date	Name and Address of Employer	Position	Phone number
May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**VOLUNTEER AT WFHC**

Area of interest: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Availability:	<input type="checkbox"/> Sun.	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.
Hours:							

Have you ever volunteered before for Whole Family Health Center? Yes No

**Special Skills or Qualifications:** Summarize special skills and qualification you have acquired from employment, previous volunteer work or through other activities, including personal hobbies or sports.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

Name	
1.	Address _____ City _____ State _____ Zip Code _____ Phone#: (_____) _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home Email: _____
2.	Address _____ City _____ State _____ Zip Code _____ Phone#: (_____) _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home Email: _____

Have you ever been convicted or plead guilty in court (even if you did not have a trial) for anything other than a misdemeanor or minor traffic violation? Yes No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AUTHORIZATION**

Your signature indicates that the facts contained in this application are true and complete to the best of your knowledge. False statements on this application shall be grounds for dismissal. You authorize approval to check references. The organization is not obligated to provide a placement, nor are you obligated to accept the position offered.

## WAIVER OF LIABILITY

This Waiver of Liability (Waiver) executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_(Volunteer) in favor of **Whole Family Health Center, Inc. (WFHC)**, a nonprofit organization operating in **St. Lucie County, Florida** and **Indian River County, Florida**.

I, the Volunteer, desire to work as a volunteer for WFHC and engage in the activities related to being a volunteer. I hereby freely and willingly, without duress, execute this waiver under the following terms:

1. Waiver and Release. I, the Volunteer, release and hold harmless WFHC and its successors and assigns from any and all liability, claims of whatever kind, either in law or in equity, which arise or may hereafter arise from my volunteer work with WFHC. I understand and acknowledge that this Waiver discharges WFHC from any liability or claim that I, the Volunteer, may have against WFHC with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation. I also understand that WFHC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.
2. Insurance. I, the Volunteer, understand that I am not covered under any WFHC insurance plans and I expressly waive any such claim for compensation or liability on the part of WFHC, regardless of the circumstances.
3. Medical Treatment. I hereby release WFHC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with WFHC.
4. Assumption of the Risk. I understand that my time with WFHC may include activities that could be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in these activities and release WFHC from all liability for injury, illness, death, or property damage resulting from the activities of my time with WFHC.

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Applicant's Signature

Date