



Volunteer Application Form Community Garden

Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Local Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Preferred Phone: _____ Email: _____

Language Skills

Are you able to speak any language beyond English? NO ___ YES ___ If yes, please complete below.

Skill Level - Language: _____ Fluent: _____ Conversational: _____

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How did you hear of this volunteer opportunity?

Emergency Information In the event of an emergency, please notify this person:

Name: _____ Relationship: _____

Home Phone Number: _____ Business Phone: _____

Cell Phone Number: _____

Alternate Contact for emergencies:

Name: _____ Relationship: _____

Home Phone Number: _____ Business Phone: _____

Cell Phone Number: _____

Do you have any medical conditions or limitations that might affect your ability to perform the volunteer duties, or that HealthNet should be aware of?

If yes, please explain: _____

I certify that all the statements herein on this volunteer information sheet are true and correct and have been given voluntarily. I understand that this information may be shared with any legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I understand I will not be paid for my services in my volunteer capacity. I agree to abide by HealthNet's policies and procedures.

I also allow HealthNet to use my picture(s) and/or comments for newsletters, public relations mailings, and any other HealthNet-related, legitimate purpose.

Applicant Signature _____

Date: _____

**Please return signed form to volunteer@indyhealthnet.org.
Thank you!**

**For questions, please call the Volunteer Program Office
at 463-231-2261 (local number)**