

HISPANIC/LATINO HEALTH COALITION OF ELKHART CO. VOLUNTEER APPLICATION



Name: _____

E-Mail Address: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Please indicate one of the following: MEDICAL/HEALTH EDUCATION oriented
 NON-MEDICAL experience

If you checked MEDICAL, please list experience:

Please check where you would like to volunteer and number your preference from 1 to 3

<input type="checkbox"/> Set-Up	<input type="checkbox"/> Registration	<input type="checkbox"/> Information Table	<input type="checkbox"/> Speech translation
<input type="checkbox"/> Medical Interpreter	<input type="checkbox"/> Children area	<input type="checkbox"/> Tear Down	<input type="checkbox"/> General Interpreter
<input type="checkbox"/> Distribution of flyers	<input type="checkbox"/> Complete documents	<input type="checkbox"/> Serving food	<input type="checkbox"/> Evaluation/Check-out

Please check if you have received training in any of the following areas

HEALTH	<input type="checkbox"/> Heart Health	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Obesity	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Tobacco
EDUCATION:	<input type="checkbox"/> Cancer	<input type="checkbox"/> Mental Health/Stress	<input type="checkbox"/> Height & Weight/BMI		

Please submit the following to HLHCEC:

1. Volunteer Application
2. Volunteer Standards Agreement

Please check our website at www.hlhcec.com to remain updated about our activities and programs.

HISPANIC/LATINO HEALTH COALITION OF ELKHART CO.

VOLUNTEER STANDARDS AGREEMENT

The Volunteer warrants that:

1. I am competent to perform the volunteer duties assigned and will do so to the best of my ability and in a safe and reasonable manner.
2. I agree to follow the protocol for my station. I will follow the directions given to me by the Site Coordinator or any other HLHCEC representative.
3. I will respect diversity and refrain from making offensive comments about race, gender, age, religion, physical ability or sexual orientation. I will treat other volunteers, participants, etc. with respect and will use appropriate language. I understand that sexual harassment will not be tolerated.
4. I understand that all participant information is CONFIDENTIAL. I agree to protect the confidentiality of participants and will not discuss their personal information, medical condition, or any other information with any other person.
5. I will hold the HLHCEC, its agents, officers and employees, harmless from any liability whatsoever, for any injuries, damages, claims and losses I may incur as a result of my participation in the HLHCEC Health Fair.

HLHCEC agrees to:

1. Provide training, information and assistance for the volunteer to be able to meet the responsibilities of their position.
2. Respect the skills, dignity and individual needs of the volunteer, and do our best to adjust to individual requirements.
3. Be receptive to any comments from the volunteer regarding way in which we might better accomplish our respective tasks.
4. Treat the volunteer as an equal partner with agency staff and to recognize that we are jointly responsible for accomplishment of our mission.
5. Adhere to a non-discrimination policy. Volunteers will not be treated differently due to race, gender, age, religion, physical ability or sexual orientation.

Volunteer Signature

Date

Volunteer Name Printed

Please return this form along with the Volunteer Application to:

Hispanic/Latino Health Coalition of Elkhart Co.
323 Stocker Ct.
Elkhart, IN 46516
Phone: (574) 522-0966 Fax: (574) 522-0354
info@hlhcec.com