

# Volunteer Application

200 W. Cold Spring Lane, Suite 300 ■ Baltimore, Maryland 21210  
T: 410-662-7977, F: 410-662-4544 ■ www.physiclatherapyfirst.com



To the Applicant: We appreciate your interest Physical Therapy First and are sincerely interested in your qualifications to serve our patients and their families. Questions on this application are asked for the sole purpose of considering you for volunteer services.

## Please Print in Dark Ink or Type.

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Email: \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

### Current College Students Only:

School: \_\_\_\_\_  
Course of Study: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### All Applicants:

Earliest Date Available: \_\_\_\_\_

Preferred work Schedule:      M      T      W      Th      F  
                       

Preferred Work Time: Morning:       Afternoon:       Evening:

Present Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

### Past Work Experience:

see attached resume

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Have you ever worked or volunteered at Physical Therapy First?  Yes  No  
If yes, explain when and where:

## Other Experience:

List names of schools. Highest grade completed, major(s):

## Education:

## Skills:

Customer Service  Clerical  Computer

Foreign Language Specify Language: \_\_\_\_\_

Are you fluent in this language?  Yes  No

Certifications achieved: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

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**Hobbies and Interests:**

**Community Organizations:**

Have you ever been **at any time** convicted or pled guilty to a felony or misdemeanor, including traffic violations?

Yes

No

If yes, please explain:

If you are working with a special program for credit (club, court, etc.) please list:

Organization: \_\_\_\_\_

Reference person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you related to anyone employed by or who volunteers at PTF?

Yes

No

If yes, give name, department, and relationship: \_\_\_\_\_

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Why do you want to volunteer?

How did you learn about volunteering at PTF?  Newspaper  Walk-in  Website

Volunteer/employee  Phone inquiry  Volunteer Action Center

Presentation by Volunteer Office, please specify: \_\_\_\_\_

Service Program for Organization, please specify: \_\_\_\_\_

Other, please specify: \_\_\_\_\_

**References:** Please provide **TWO** adult references who are not relatives and who have a knowledge of your work habits and skills.

**(Please provide complete addresses including ZIP codes.)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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### CRIMINAL BACKGROUND INVESTIGATION AUTHORIZATION

I authorize Physical Therapy First to conduct a criminal background investigation. I understand if the information provided by me is determined to be false or if I have failed to give any information herein requested, I will no longer be considered for volunteering. In the event of my acceptance as a volunteer, if the above occurs, this may be cause for dismissal.

Signature of Volunteer Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### VOLUNTEER AGREEMENT

I hereby certify the answers on this application and any resulting from interviews are true and correct and any misrepresentation or omissions of fact, misleading or false information on my part will be grounds for dismissal as a volunteer. Acceptance as a volunteer is contingent upon satisfactory references, verification of the information submitted on this application and satisfactory completion of mandatory requirements, including drug screening. I authorize that all employers, schools, or references thus contacted be released from all liability in answering questions related to my application. I therefore authorize you to make such investigations and inquiries you deem necessary in arriving at a decision to accept me as a volunteer.

Signature of Volunteer Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***Physical Therapy First does not discriminate in hiring or employment on the basis of race, color, sex, religion, national origin, disability, or age.***