

Volunteer Application

200 W. Cold Spring Lane, Suite 300 ■ Baltimore, Maryland 21210
T: 410-662-7977, F: 410-531-2130 ■ www.physicltherapyfirst.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: _____

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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.