



Relate...Refresh...Restore.

VOLUNTEER APPLICATION

PERSONAL INFORMATION

FIRST NAME: _____ M.I. _____ LAST NAME: _____
SOCIAL SECURITY NUMBER: _____ CELL PHONE: _____
HOME PHONE: _____ BUSINESS PHONE: _____
EMAIL: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
POSITION APPLIED FOR: _____ CHOOSE ONE: _____ FULL TIME _____ PART TIME
DATE AVAILABLE: _____ MINIMUM SALARY PER HOUR: _____

EDUCATION

HIGH SCHOOL NAME AND LOCATION: _____
DIPLOMA RECEIVED? _____

COLLEGE NAME AND LOCATION: _____
DEGREE EARNED: _____
ATTENDED FROM: _____ TO _____ MAJOR: _____

COLLEGE NAME AND LOCATION: _____
DEGREE EARNED: _____
ATTENDED FROM: _____ TO _____ MAJOR: _____

EMPLOYMENT

NAME OF EMPLOYER: _____ PHONE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
EMPLOYED FROM: _____ TO _____ CHARGE EXPERIENCE? _____
JOB TITLE: _____ DUTIES: _____
REASON FOR LEAVING: _____

The Lord is my Shepherd; I shall not want. He makes me to lie down in green pastures. He leads me bedside
STILL WATERS. He restores my soul.



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EMPLOYMENT CONTINUED

NAME OF EMPLOYER: _____ PHONE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
EMPLOYED FROM: _____ TO _____ CHARGE EXPERIENCE? _____
JOB TITLE: _____ DUTIES: _____
REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____ PHONE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
EMPLOYED FROM: _____ TO _____ CHARGE EXPERIENCE? _____
JOB TITLE: _____ DUTIES: _____
REASON FOR LEAVING: _____

REFERENCES

REFERENCE NAME: _____ PHONE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
OCCUPATION: _____ ASSOCIATION WITH YOU: _____

REFERENCE NAME: _____ PHONE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
OCCUPATION: _____ ASSOCIATION WITH YOU: _____

REFERENCE NAME: _____ PHONE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
OCCUPATION: _____ ASSOCIATION WITH YOU: _____

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LIST SPECIAL SKILLS RELATING TO DESIRED POSITION: _____

HAVE YOU WORKED IN THE FOLLOWING:

DAYCARE _____ NEWBORN NURSERY _____ DRUG REHAB _____ FREE CLINIC _____
SCHOOL _____ HOSPITAL _____ IF OTHER, PLEASE LIST: _____

WHICH DAYS OF WEEK DO YOU PREFER: CHECK ALL THAT APPLY

MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____
WHICH TIME DO YOU PREFER: morning _____ afternoon _____ evening _____ night _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR? YES _____ NO _____
HAVE YOU EVER PLED NO CONTEST OR GUILTY TO A FELONY OR A FIRST DEGREE MISDEMEANOR? YES _____ NO _____
ARE YOU A US CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? YES _____ NO _____
DO YOU SPEAK A FOREIGN LANGUAGE? YES _____ NO _____ IF "YES," WHICH ONE? _____

APPLICANT ACKNOWLEDGEMENT

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

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NOTICE TO ALL EMPLOYEES AND VOLUNTEERS DRUG SCREEN REQUIREMENTS

StillWaters Neonatal Center, Inc. requires drug testing for all applicants. This will involve testing of all potential employees and volunteers.

As part of the employment/volunteer process and after a conditional offer of employment or volunteer position has been extended, potential employees will be required to cooperate in the collection of a urine specimen administered by qualified medical or laboratory personnel designated by StillWaters. Testing of the specimen will be conducted by a company-approved biomedical testing laboratory with demonstrated expertise and procedures to ensure proper handling and reporting of results. In the event of a confirmed positive test result, the conditional offer of employment or a volunteer position will be revoked and the hiring process will be terminated immediately.

INFORMED CONSENT TO DRUG TESTING AND RELEASE OF LIABILITY AND MEDICAL INFORMATION

I understand and agree that I am required, as a potential employee or volunteer, to submit a sample of my urine for chemical testing as a part of my pre-employment screening. It is understood that the urine sample will be taken on the premises of the StillWaters Neonatal Center's approved designated laboratory and analyzed by qualified medical or laboratory personnel. Further, I understand this analysis will be used to determine the presence, if any, of non-prescribed, unauthorized or prohibited controlled substances in my urine.

I freely and voluntarily consent to this request for a urine specimen. I hereby release and hold harmless StillWaters Neonatal Center, Inc., the laboratory, the property owner and their respective employees, agents, contractors, officers, directors, and affiliates from any liability whatsoever arising from the request for a urine sample, the testing of the urine sample, and any decisions made on the basis of analysis. I further freely and voluntarily authorize the company-designated laboratory to release to StillWaters Neonatal Center, Inc. all test results of the drug screening urine test as permitted by law.

I understand that a document chain of specimen custody will be made to ensure the identity and integrity of my urine sample throughout the collection and testing process.

Signature of Applicant

Signature of Witness

Date

Date

Social Security Number: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize StillWaters Neonatal Center, Inc. and/or any of its designated agents and representatives to conduct a comprehensive review of my background through a consumer report/investigative report to be generated for employment, promotions, reassignment, or retention as an employee. I understand that the scope of the consumer report/investigative report may include, but is not limited to, the following areas: verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state, or county jurisdictions, motor vehicles records to include traffic citations and registration and any other public records, including the sex offender registry.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, copy form, or email.

I hereby release StillWaters Neonatal Center, Inc. and/or any of its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time, result to me because of compliance with this authorization. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

PLEASE PRINT CLEARLY:

FIRST NAME

M.I.

LAST

MAIDEN/FORMER NAME

CURRENT ADDRESS, CITY, STATE AND ZIP

FORMER ADDRESS IF CURRENT LESS THAN TWO YEARS

Social Security Number: _____

DATE OF BIRTH _____

DRIVER'S LICENSE NUMBER _____ STATE _____

SIGNATURE

DATE

I understand that StillWaters will provide me with a copy of any such report as pursuant to the Federal Fair Credit Reporting Act or I may request a copy of any report that is prepared, along with the name and address of the reporting agency that produced the report regarding me and "A Summary of Your Rights under the Fair Credit Reporting Act." I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect my hiring decisions.

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