



# World Pediatric Project

*Heal a Child, Change the World*

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
          First                  Middle                  Last

Permanent home address:

\_\_\_\_\_

Address at college (if applicable):

\_\_\_\_\_

E-mail: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer/School:

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

Please list your interests and skills applicable to service to World Pediatric Project's families:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any current or past volunteer experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any foreign language skills? Please list each language that you speak and the level you consider yourself (proficient, intermediate, beginner). Did you study the language in college?

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to use your car for transportation of child and parent? \_\_\_\_\_  
If yes, do you have a valid driver's license and auto insurance? \_\_\_\_\_

Internal Use Only:

Language Skills: \_\_\_\_\_  
Group: \_\_\_\_\_

Orientation Date: \_\_\_\_\_  
Drive: \_\_\_\_\_

Will this volunteer experience complete any community service or school requirements for you? If so, please explain your requirements.

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Have you ever been convicted of a felony or misdemeanor? \_\_\_yes \_\_\_no.  
If so, please explain. \_\_\_\_\_

What days and hours are you most typically free? \_\_\_\_\_

Please list your emergency contact information:

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

Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Please list a reference and contact information (excluding relatives):

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about World Pediatric Project? \_\_\_\_\_

I hereby apply for a volunteer position with the World Pediatric Project. I have completed this application honestly and to the best of my ability and understand that its contents will be held confidential. I understand and agree to a personal reference check, a criminal background check, and a DMV check.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return application to:**

World Pediatric Project

Attn: Harper Lorencki

7201 Glen Forest Drive Suite 304

Richmond, VA 23226

Email: [hlorencki@worldpediatricproject.org](mailto:hlorencki@worldpediatricproject.org)

Fax: 804-282-8831



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## **VOLUNTEER AGREEMENT**

### **Compliance with World Pediatric Project Policies and Procedures**

I have read and understand the Policies and Procedures of World Pediatric Project outlined in the World Pediatric Project Volunteer Guidebook. I agree to follow each of these policies and procedures of World Pediatric Project. I agree to fulfill my duties as a volunteer to the best of my ability and direct any concerns to the Executive Director. World Pediatric Project staff and volunteers are taught to understand and respect patient's beliefs and values and to provide considerate and respectful care that protects the patient's dignity.

### **Disclaimer of World Pediatric Project's Liability**

The Volunteer \_\_\_\_\_ desires to work as a volunteer for World Pediatric Project and engage in the activities related to being a World Pediatric Project Volunteer, as detailed in the World Pediatric Project Volunteer Policies and Procedures. The Volunteer hereby freely and voluntarily executes this Release under the following terms:

1. The Volunteer does hereby release and forever discharge and hold harmless World Pediatric Project, its officers, agents, employees, and representatives from any and all liability, claims, and demands which may arise from Volunteer's Activities with World Pediatric Project.
2. The Volunteer understands that this Release discharges the World Pediatric Project from any liability or claim that the Volunteer may have against World Pediatric Project with respect to bodily injury, illness, death, or property damage that may result from Volunteer's Activities with World Pediatric Project.
3. The Volunteer also understands that World Pediatric Project does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical or disability insurance.
4. The Volunteer hereby expressly agrees that this Release is intended to be as broad as permitted by the laws of the Commonwealth of Virginia, and that it shall be interpreted in accordance with the laws of the Commonwealth of Virginia.

### **Compliance with World Pediatric Project Confidentiality Policy**

The Volunteer \_\_\_\_\_ desires to work as a volunteer for World Pediatric Project and engage in the activities related to being an World Pediatric Project Volunteer as detailed in the World Pediatric Project Volunteer Policies and Procedures. Per the Policies and Procedures, the Volunteer has been made aware of the issue regarding strict confidentiality of all information regarding patients receiving care through World Pediatric Project, made available to the Volunteer in his or her position

with World Pediatric Project. The Volunteer hereby executes this Confidentiality Agreement under the following terms:

1. The Volunteer hereby agrees that all information obtained by the Volunteer will be strictly for the purposes of executing the Volunteer's responsibilities as a volunteer. The Volunteer agrees that all such information will be kept confidential.
2. The Volunteer hereby agrees to IMMEDIATELY contact the on-call WPP staff in ANY and ALL situations of suspected child abuse and neglect. If the WPP on-call person is unavailable and does not respond within 30 minutes, please contact U.S. Referrals Program Director Pilar Waters, (804) 221-1392.
3. The Volunteer understands that violation of this confidentiality agreement will result in the Volunteer's dismissal.
4. The Volunteer also understands that all confidential information must remain confidential even if the Volunteer's activities with World Pediatric Project are terminated.

### **Agreement for Release of Information**

The Volunteer \_\_\_\_\_ consents to have a background investigation made to his/her criminal and DMV records. The Volunteer hereby authorizes the World Pediatric Project to obtain an investigative criminal report and motor vehicle records.

The Volunteer authorizes and requests every person, governmental agency, court, law enforcement office and any other entity having control or possession of any information pertaining to him/her or his/her background to furnish the same to the requesting party.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Printed Name



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## AUTHORIZATION FORM FOR BACKGROUND CHECK

This information will be kept completely confidential for World Pediatric Project use only.

<b>Full Name:</b> _____
<b>Date of Birth:</b> _____
<b>Other Names Known By (Maiden):</b> _____
<b>Complete Residence Address:</b> _____
_____
_____
<b>County:</b> _____
<b>Years at Current Address:</b> _____
<b>Social Security Number:</b> _____
<b>Driver's License #</b> _____ <b>State License Issued:</b> _____

If at current address less than seven years, please complete the following:

Complete Previous Address:	Dates at this address:
Complete Previous Address:	Dates at this address:
Complete Previous Address:	Dates at this address:

Have you ever been convicted of a crime, excluding traffic offenses? YES  NO

If YES, please provide the following information: YEAR\_\_\_\_\_ CITY\_\_\_\_\_

Type of offense (please explain):\_\_\_\_\_

World Pediatric Project has my authorization to obtain all related information to my identity and motor vehicle record, including a criminal background check. In addition, I release the company from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. World Pediatric Project will keep this information confidential.

Signature:\_\_\_\_\_ Date: \_\_\_\_\_