



# Ardent Solutions<sup>SM</sup>

## Network for Community Health

### Volunteer Application

#### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Health Restrictions: \_\_\_\_\_

---

#### EXPERIENCE

Education/Training: \_\_\_\_\_  
\_\_\_\_\_  
Work Experience: \_\_\_\_\_  
\_\_\_\_\_  
Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
Hobbies/Skills: \_\_\_\_\_  
Foreign Languages: \_\_\_\_\_

---

#### AVAILABILITY

Location Preference: \_\_\_\_\_ Ardent Solutions, Inc., 85 North Main St, Wellsville, New York 14895  
\_\_\_\_\_ Other \_\_\_\_\_  
Level of Commitment: \_\_\_\_\_ Long Term (more than 3 months) \_\_\_\_\_ Short Term (less than 3 months)  
\_\_\_\_\_ One Day Event \_\_\_\_\_ Unsure

Please indicate what days and times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have a specific number of hours that must be completed? If so, how many and why.

---

---

### **VOLUNTEER INTERESTS**

Please indicate the types of activities you are interested in: (please check all that apply)

Clerical/Office duties (example: mailings, phone calls)

Office Cleaning/Maintenance

Event/Program duties (example: event registration, set-up or tear-down)

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

---

### **REFERENCES**

Please provide the name, address, and phone number of two non-family individuals as references:

---

---

---

---

### **Volunteer Pledge**

Believing that Ardent Solutions, Inc has a real need of my services as a volunteer worker:

- I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- I will conduct myself with dignity, courtesy, and consideration.
- I will consider as confidential all information which I may hear or read directly or indirectly.
- I will take any problems, criticisms, or suggestions to my Supervisor.
- I will endeavor to make my work of the highest quality.
- I will uphold the traditions and standards of this organization and will interpret them to the community at large.

**Volunteer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**May we share your application with other organizations that may be in need of volunteer assistance?**

**No**, please do not share this volunteer application or any of the information it contains with any other organization.

**Yes**, I give permission for the Ardent Solutions, Inc., to share my volunteer application and the information it contains with organizations outside of Ardent Solutions, Inc., that may be in need of volunteer assistance.

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

**Please return your completed application by mail or fax to:**

Ardent Solutions, Inc.  
85 North Main Street, Suite 4  
Wellsville, NY 14895

Fax Number: 585-593-5217

---

**FOR OFFICE USE ONLY**

Received Date: \_\_\_\_\_

Initial: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_

Interviewer Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location Assigned:  Ardent Solutions  Referred: \_\_\_\_\_

**Assignment/Remarks**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_