



VOLUNTEER & INTERNSHIP PROGRAM APPLICATION

COMPLETE ALL SECTIONS

Decisions are contingent upon completion of drug and communicable disease screening and reference checks. Additionally, the Office of Inspector General's (OIG) "List of Excluded Individuals and Entities" (LEIE), GSA List of Excluded Persons Lists (EPLS), and Medi-Cal Suspension List are checked. We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, gender preference or identity, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.

| Personal Information | | | | | | |
|--|---------|------------|----------|--|--|--------|
| Last Name | | First Name | | | Middle Name/Initial | |
| Address (Street) | | | | (City, State, Zip Code) | | |
| Telephone | | | | Clinic Coordinator Information (If applicable) | | |
| E-mail: | | | | SSN: | | |
| Type and Availability | | | | | | |
| Select area you are interested in: <input type="checkbox"/> Clinic <input type="checkbox"/> Health Administration <input type="checkbox"/> Community or TC Event <input type="checkbox"/> Shadowing Other: _____ | | | | | | |
| Date available to start: | | | | Hours needed: | | |
| List start and end times on days you are available: | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Fr To: | Fr To: | Fr To: | Fr To: | Fr To: | Fr To: | Fr To: |
| Emergency Notification | | | | | | |
| Name and phone of person to be notified in case of emergency: | | | | | | |
| Name: _____ Relationship: _____ Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> home Name: _____ Relationship: _____ Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> home | | | | | | |
| General Information | | | | | | |
| Have you ever worked for TrueCare™? If yes, please indicate dates and position. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever been excluded from participation in federal health care programs by the office of inspector general or the general services administration department? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| School | | | | |
|-------------------------------|-----------------------|------------------------|--------------------------------------|------------------------|
| Name of school City, State | Graduated (Yes/No) | # of Years Attended | Course Program/ major (or degree) | Grade Point Average |
| | | | | |
| | | | | |

| Volunteer/Work Experience | | | |
|-----------------------------------|-------|--|-------|
| Name of Organization, City, State | Title | # Of Years Volunteered or Worked | Tasks |
| | | | |
| | | | |

List skills you are proficient at:

Language: some positions require or prefer Spanish language skills in addition to English language skills. if the position you are applying for requires or prefers Spanish communication skills, please check the Spanish communication skills that you have: speak read write

Please tell us why you would like to volunteer with TrueCare™.

Please tell us what you hope to gain from your volunteer experience.

*Include resume with application (if applicable).

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of these statement checked by TrueCare™ unless I have indicated the contrary. I authorize the schools/people listed above and professional references, as well as all other individuals whom TrueCare™ contacts, to provide TrueCare™ any and all information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to TrueCare™ or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

In consideration of my Volunteerism, I agree to conform to the rules and standards of TrueCare™. I further agree that my Internship/Externship can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of TrueCare™. Further, the President and CEO of TrueCare™ may not alter the at-will nature of the Volunteer relationship or enter into any employment agreement for a specified time unless the President and CEO and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my Volunteer relationship and that there are no oral or collateral agreements regarding this issue. I also understand that all offers of Volunteer are conditioned on TrueCare™ receipt of satisfactory responses to reference requests and the provisions of satisfactory proof of an applicant's identity, legal authority to work in the United States, and checks from the Office of Inspector General's (OIG) "List of Excluded Individuals and Entities" (LEIE), GSA List of Excluded Persons Lists (EPLS), and Medi-Cal Suspension List. Offers of Volunteerism are also conditioned on the satisfactory completion of a medical examination, including communicable disease and drug screening testing.

Signature of Applicant

Date

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