

# ISOH/IMPACT

Reaching Out & Serving Others



Volunteer Applicant's Name: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dear Doctor:

I, \_\_\_\_\_, wish to become an ISOH/IMPACT volunteer.

ISOH/IMPACT is a local community-based nonprofit, tax-exempt, charitable organization whose mandate is devoted to ensuring a brighter future for children and families through domestic and international disaster and humanitarian relief, medical rehabilitation and development efforts across the globe. As a general volunteer, my services may be used either at the organization's warehouse/distribution center or at the office property which also houses their medical rehabilitation facility. Since my services may involve working in close proximity with staff, other volunteers +/- children and adults who are undergoing treatment for critical or life threatening medical conditions, ISOH/IMPACT requires that all volunteers be in good physical and mental health. I appreciate your cooperation in filling out this confidential reference form and returning it to me or to ISOH/IMPACT as soon as possible.

Contact me or ISOH/IMPACT's offices at 419-878-8548 or by fax at 419-878-3098 with any questions.

Thank you.

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1. How long has the applicant been your patient? \_\_\_\_\_
2. Date of last physical examination? \_\_\_\_\_
3. Do you know of any physical, emotional, or mental health concerns or limitations that would interfere with this applicant's ability to volunteer at ISOH/IMPACT? \_\_\_\_ Yes \_\_\_\_ No  
If so, please explain: \_\_\_\_\_
4. Are there any medications this volunteer will be taking that might affect their service?  
If so, please list: \_\_\_\_\_
5. Are there any restrictions on activities? \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name (printed): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please give this to your Doctor to fill out, sign and return.