



Dear Prospective Volunteer or Intern:

Thank you for expressing an interest in MedBank Foundation, Inc. Our prescription assistance program can provide individuals of diverse backgrounds, experiences, and perspectives with an opportunity to make a difference by supporting operations that provide uninsured or underinsured individuals with access to prescription medications. Your volunteer or internship service hours help to foster a healthier community by ensuring continued access to medications needed for chronic disease management by those in our community who can least afford to purchase them out-of-pocket.

Becoming a volunteer or completing your internship hours at the MedBank Foundation can be a rewarding and fulfilling experience, and we want you to thoroughly enjoy it. Our selection process is very thorough to ensure we select individuals who best meet our organization's needs and that you have a good experience.

Enclosed, you will find our volunteer/internship application. Applications will be processed as soon as your information and documents requested are received for consideration. Candidates must complete an application package, engage in an interview, and consent to a background check.

**Program requirements**

- **Age-18 years or older**
- **Minimum commitment of hours of service per year**
- **Clear background check**
- **A letter of recommendation from a non-family members (returned with application)**
- **One-on-one interview**
- **Mandatory orientation conducted following acceptance**

We are excited you have chosen MedBank Foundation, Inc. as an opportunity to engage in an internship or as a volunteer. Once we have received your information and have reviewed it for appropriate qualifications, we will be in touch with you to inform you of your status.

Sincerely,

*Pat Edwards*

Executive Director  
MedBank Foundation, Inc.



**VOLUNTEER/INTERNSHIP INFORMATION SHEET**

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_(mm/dd/yyyy)

Male \_\_\_\_\_ Female \_\_\_\_\_ Ethnicity/Race \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Number: Daytime \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship \_\_\_\_\_



**Volunteer/Internship Application**

We deeply appreciate your interest in our organization and assure you that we are interested in your qualifications. A clear understanding of your background, work or academic history will assist us in placing you in the position that best meets your qualifications to offer you the best experience.

Your application will be considered for 30 days.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

How did you learn about MedBank? \_\_\_\_\_  
\_\_\_\_\_

High School \_\_\_\_\_ College \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_  
Master's \_\_\_\_\_ Doctorate \_\_\_\_\_

**Day(s) of the week preferred:** Please indicate times preferred by circling the day and time of day you prefer. List the hours you are available.

**Availability:** Mon Tues Wed Thurs Fri Sat Sun.

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

**Work History**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of Service (From) \_\_\_\_\_(To) \_\_\_\_\_

**Work History**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of Service (From) \_\_\_\_\_(To) \_\_\_\_\_

**Prior Volunteer/Internship Experience**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of Service (From) \_\_\_\_\_(To) \_\_\_\_\_

**Provide Two References Below and Submit One Letter of Recommendation**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Relationship \_\_\_\_\_

**Please tell us why you've chosen MedBank Foundation as a volunteer or internship:**

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<p>Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____</p> <p>If yes, please explain: _____</p>
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**Disclaimer and Agreement (*Please read carefully before signing*)**

I affirm that the information provided in this application is true and complete to the best of my knowledge. I understand the necessity for MedBank Foundation, Inc. to conduct criminal background checks on prospective volunteers or interns and willingly consent to having one completed in response to the submission of my application.

I agree to follow MedBank's policies and procedures as instructed and I understand that volunteers or interns are not covered by Workers Compensation and that I am responsible for maintaining my own health insurance. I voluntarily offer my services with a clear understanding that there will be no monetary compensation or offer that may lead to employment.

I understand and agree that submitting this application form does not automatically register me as a volunteer or intern with MedBank Foundation, Inc. and that there may be certain qualifications I must meet including the acceptance of established policies and procedures before I may begin volunteering or an internship.

I Agree:

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

**Please note, an interview does not guarantee acceptance into the program  
Please return Application and Authorization for Background Check to  
Pat Edwards at [pedwards@medbank.org](mailto:pedwards@medbank.org). Question? Call 912-356-2898**



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Savannah, GA 31405  
O: 912-356-2898 • F: 866-515-6292  
www.medbank.org

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## CONSUMER AUTHORIZATION FOR BACKGROUND CHECK

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge about me, to furnish bearer with any and all information, including but not limited to criminal, driving, and/or Global Watch Alert information, in their possession regarding me in connection with a volunteer or internship application with the MedBank Foundation. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this authorization is to be used for the purpose of evaluating me for volunteering or internship with the MedBank Foundation Inc.

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

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_