

VOLUNTEER APPLICATION

LAST NAME	MI	FIRST NAME	DATE	
ADDRESS		CITY	STATE	ZIP
HOME PHONE ()	CELL PHONE ()		WORK PHONE ()	
BIRTHDAY (Month/Day)	SOCIAL SECURITY NUMBER		EMAIL ADDRESS	
IF PRESENTLY EMPLOYED, NAME OF FIRM				
POSITION		WORK HOURS & DAYS		
WORK EXPERIENCE				

EMERGENCY CONTACT	RELATIONSHIP	HOME PHONE ()	WORK PHONE ()
LIST THREE (3) REFERENCES (Please do not list relatives)			
1. NAME _____ PHONE (_____) _____			
ADDRESS _____ CITY _____ STATE _____ ZIP _____			
2. NAME _____ PHONE (_____) _____			
ADDRESS _____ CITY _____ STATE _____ ZIP _____			
3. NAME _____ PHONE (_____) _____			
ADDRESS _____ CITY _____ STATE _____ ZIP _____			
HIGHEST LEVEL OF EDUCATION & DEGREE COMPLETED		NAME OF SCHOOL/UNIVERSITY _____	

HOW LONG CAN YOU MAKE A COMMITMENT:			
<input type="checkbox"/> 3 MONTHS	<input type="checkbox"/> 6 MONTHS	<input type="checkbox"/> 12 MONTHS	<input type="checkbox"/> INDEFINITE
DAYS AVAILABLE:			
<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY
<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY	
TIMES AVAILABLE:			
<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> EVENING	<input type="checkbox"/> ALL DAY

HOW DID YOU LEARN OF OUR VOLUNTEER PROGRAM?

- ANOTHER VOLUNTEER (Name) _____
- OTHER (Please indicate) _____

PLEASE LIST ANY PRIOR VOLUNTEER EXPERIENCE

SPECIAL AREA OF INTEREST IN VOLUNTEERING

TYPE OF VOLUNTEER WORK PREFERRED

- INFORMATION DESK GIFT SHOP CHILDREN'S CENTER SURGERY/ICU WAITING ROOM
- PATIENT ESCORT VISITATION WHERE NEEDED CLERICAL/OFFICE SUPPORT

PERSONAL SKILLS (to use or teach)

- CROCHETING SEWING KNITTING CRAFTS
- FOREIGN LANGUAGE (specify language): _____
- OTHER (specify): _____

HOBBIES / SPECIAL INTEREST

WOULD YOU LIKE TO HELP WITH SPECIAL EVENTS? (fundraising, recruiting, health fairs) YES NO

The above information is accurate and correct to the best of my knowledge. The Volunteer Services Department is not obligated to provide placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the Auxiliary application, please make that fact known to the individual processing your application.

SIGNATURE

DATE

FOR OFFICE USE ONLY

Date Received _____ Interview Date _____ Interview Time _____ Background Check _____

Orientation _____ TB Skin Test _____ ID Badge # _____ Hire Date _____

Department Name _____ Day _____ Shift _____

Comments: _____
