



VOLUNTEER APPLICATION
(please print)

Name: _____
(last name) (first name) (middle initial)

Address: _____
(street) (city) (state) (zip code)

E-mail: _____ SSN: _____

Employer: _____ Phone#: _____

Occupation: _____ Birthday: _____
(month) (day) (year)

Have you been referred by a current volunteer? Y/N By whom: _____

Please list Special Skills, Hobbies, Interests & other Volunteer Experiences: _____

Have you ever been convicted of a misdemeanor or felony? _____

If so, please explain (Conviction will not disqualify for volunteering): _____

EMERGENCY NAME: _____ PHONE# _____

Please Check Volunteer Service(s) of Interest:

___ Admitting Receptionist/Escort		Time Available		
___ Clerical Aide	DAY	AM	PM	EVE
___ Emergency Room (Treatment Area)	Sun	___	___	___
___ Emergency Room (Reception Area)	Mon	___	___	___
	Tues	___	___	___
___ Hospitality Cart	Wed	___	___	___
___ Information Desk	Thurs	___	___	___
	Fri	___	___	___
	Sat	___	___	___
___ OR Liaison				
___ Spiritual Care				
___ Transport				

REFERENCE (S): (please list name, address, phone # and relationship to you)
Family members cannot be used as references

1) _____ 2) _____

I certify that all information given on this application is true in all respects. I hereby give permission for the Volunteer Office to contact the references I have listed.

Signature of volunteer applicant _____