



**ADULT VOLUNTEER  
APPLICATION FOR VOLUNTEER SERVICES**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Month and Day (e.g. mm/dd) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Contact In Case Of Emergency**

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

Education/Special Training \_\_\_\_\_

Volunteer Experience/Community Interests \_\_\_\_\_

Work Experience \_\_\_\_\_

Hobbies/Skills/Special Interests \_\_\_\_\_

Why would you like to volunteer at this Hospital? \_\_\_\_\_

Do you smoke \_\_\_\_\_

Have you ever been convicted of a criminal felony \_\_\_\_\_

Personal Physician \_\_\_\_\_  
Name Address

Personal/Professional References (excluding relatives)

Name	Address	Phone
Name	Address	Phone

**Indicate Type of Volunteer Work Preferred**

- { } Direct patient contact (e.g. Nursing Unit, Patient Transport, Patient Relations, etc.)
- { } Limited patient contact (e.g. Information Desk, Patient Registration, etc.)
- { } No patient contact (e.g. Gift Shop, Process Stores, Clerical/Office Work, etc.)

**Indicate Activity Level Preferred**

- { } Can tolerate considerable walking/standing over a period of hours
- { } Can tolerate a little walking/standing over a period of hours
- { } Sedentary position required

**Indicate Volunteer Schedule Preferred**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

*Your signature indicates your approval for verification of references. The organization is NOT obligated to provide a volunteer position nor are you obligated to accept the volunteer position offered.*

*Opportunities for volunteers are provided without regard to race, color, national origin, age, religion, sex, or disability.*

*The above information is accurate and correct to the best of my knowledge.*

Volunteer Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Start Date	Assignment
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