

Date: _____

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

I prefer to receive calls at: Home Cell Either

E-mail address: _____

Date of Birth: _____ Social Security #: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Employment Information: Unemployed Employed Retired Student

Employer or School Name: _____

Occupation: _____ Educational Background: _____

Have you ever volunteered in a hospital before? No Yes If yes, where and in what capacity?

What type of volunteer work are you interested in? _____

What skills or special talents would you like to share through volunteering? _____

How did you find out about our Volunteer Program? _____

Why do you want to volunteer? _____

Except for adjudications as a youthful offender, wayward minor, or juvenile delinquent, have you ever been found guilty of ANY misdemeanor, felony, or forfeited bail in any court?

No Yes If yes, give details on back side of this sheet.

Have you ever been involved in an abuse, mistreatment, and/or neglect investigation by any facility or state agency (e.g., Dept of Health, Child Abuse Registry, Dept of Social Services)?

No Yes If yes, give details on back side of this sheet.

I hereby affirm that this application contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and my appointment may be rescinded. I am also aware that a false statement is punishable under law by fine or imprisonment or both.

Signature: _____ Date: _____