



REFERRED BY: _____

HOW DID YOU LEARN ABOUT US? _____

VOLUNTEER APPLICATION
(MUST BE 18 YEARS OR OLDER)

PERSONAL DATA

MR. _____ MS. _____ MRS. _____ MISS _____

NAME: _____
LAST FIRST MIDDLE

FIRST NAME I LIKE TO GO BY: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

TELEPHONE # _____ CELL PHONE # _____

BIRTHDAY: (Month/ Day/Year) _____ E-MAIL ADDRESS _____

PERSON TO CONTACT IN CASE OF ILLNESS OR EMERGENCY:

_____ PHONE # _____ CELL # _____

SKILLS THAT I MAY BE ABLE TO SHARE (i.e., Computer, Nursing): _____

HAVE YOU EVER BEEN INCARCERATED OR CONVICTED OF A CRIMINAL OR CIVIL OFFENSE
OTHER THAN A MINOR TRAFFIC VIOLATION? YES _____ NO _____

DATE _____ IF YES, PLEASE EXPLAIN: _____

ARE YOU EMPLOYED? YES: _____ NO: _____

IF YES, EMPLOYER / HOURS / DAYS OF WORK: _____

CAN YOU PERFORM FUNCTIONS OF A VOLUNTEER WITHOUT ACCOMMODATIONS?

YES _____ NO _____ IF NO, EXPLAIN _____

SERVICE PREFERENCE

PLEASE CHOOSE AT LEAST 3. RANK YOUR PREFERENCES (1ST, 2ND, 3RD)

- Anywhere needed _____ Lobby Greeter/Escort _____ Patient Ambassador _____
Birthing Center _____ Information Desk _____ Physical Therapy/
Coffee Cart _____ Newspaper Cart _____ Rehabilitation _____
Emergency Dept. _____ Nutrition Services _____ Same Day Surgery _____
Gift Shop _____ Office Assistant., Wound
Center _____
-
-

DAY(S) AND TIME(S) YOU ARE AVAILABLE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning							
Afternoon							
Evening							

REFERENCES

LIST THREE (3) REFERENCES WHO ARE NOT RELATIVES OR EMPLOYERS:

- | NAME | ADDRESS | TELEPHONE # |
|-----------|---------|-------------|
| (1) _____ | _____ | _____ |
| (2) _____ | _____ | _____ |
| (3) _____ | _____ | _____ |
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I hereby apply for Volunteer service with Charles Regional Medical Center Auxiliary and I understand and agree to comply with the requirements and regulations of the Hospital. I will maintain the dignity and integrity of the Hospital with the public, and honor confidential information. I agree to accept responsibility to honor the commitment of time for which I am scheduled and to provide adequate notice when I am unable to report for duty. I understand that this is a voluntary commitment that may be terminated at any time.

SIGNATURE

DATE