



VOLUNTEER APPLICATION

Name: _____ Spouse: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Date of birth: _____ SS# (last 4 digits required): _____

IN CASE OF EMERGENCY:

Name _____ Relationship _____

Home Phone: (____) _____ Other Tel: (____) _____

HAVE YOU EVER PLEADED GUILTY OR BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? Yes or No (circle) *If yes, give details (attach additional sheet if needed).*

EDUCATIONAL BACKGROUND

HIGH SCHOOL GRADUATE _____ COLLEGE DEGREE _____

SPECIAL TRAINING _____ GRADUATE SCHOOL _____

Major

Major

EMPLOYMENT EXPERIENCE

Employer

Position

Dates

PREVIOUS VOLUNTEER EXPERIENCE

Institution

Type of Work

Dates

AREAS OF INTEREST

Emergency Department

Patient Care Units

General Clerical

Patient Visitor

Gift Shop

Mother/Baby/NICU Nursery

Information Desk/Greeter

Other: _____
(specify)

AVAILABILITY: *(some areas do not require these hours)*

Please circle: 9 a.m. – 1 p.m. 1 p.m. – 5 p.m.

Please check: MONDAY TUESDAY WEDNESDAY THURSDAY
 FRIDAY WEEKENDS *(can occasionally be accommodated)*

DO YOU HAVE ANY LIMITATIONS REGARDING PERFORMING VOLUNTEER SERVICE? NO YES *(if yes, please explain)*

How did you hear about our program? _____

Why do you want to volunteer here? _____

How long do you see yourself volunteering at Southern Regional? _____

I hereby certify all answers given by me on this application are true to the best of my knowledge. I authorize Southern Regional Medical Center to contact the references that I have provided for the purpose of acquiring information regarding me. I release Southern Regional Medical Center and anyone releasing information to Southern Regional from any liability based upon such release.

Signature

Date