

Adult Volunteer Application

Contact Information

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Date of Birth	

Availability

When are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Two Personal References

Excludes family members. Please provide a complete current address.

Name	
Street Address	
City, State, ZIP Code	
Phone	

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Phone	

Special Skills or Training

Summarize special skills and training you have acquired from employment, or through other activities, including hobbies or sports.

Volunteer Experience

Please list any previous volunteer experience.

How did you become interested in becoming a Marion General Hospital volunteer?

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. The signature on this application permits the volunteer office to contact my personal references. I understand that a fingerprint background check is required.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering with us.