

**VOLUNTEER MEMBERSHIP APPLICATION**

**Volunteer commitment required: four hour/week**

PLEASE PRINT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Special Interests: \_\_\_\_\_

\_\_\_\_\_

Skills/Work Experience: \_\_\_\_\_

\_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitations that might affect your service area placement?

\_\_\_\_\_

Have you been convicted of a misdemeanor within the last two years which resulted in imprisonment?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

Have you pled guilty or been convicted of any felony within the last five years? \_\_\_\_\_ Yes          \_\_\_\_\_ No

\* \* \*

I understand that I will abide by the policies and procedures of the hospital.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

Day \_\_\_\_\_ and month \_\_\_\_\_ of birth.

*Please note: A background check is required for all hospital employees and volunteers.*