



Application for Volunteer Services

Date: _____

Name: _____
(Last) (First) (Middle Initial)

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Birth Date (Year Optional): _____

Email Address (If Applicable): _____

If presently employed, name of employer: _____
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Contact in Case of Emergency:

Name: _____

Relationship: _____ Phone: _____

Family Physician: _____
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How did you become interested in our volunteer program?

Volunteer Experience:

Work Experience:

Personal or Professional References (please excuse relatives):

1. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

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Interest/Skills: Please indicate which areas interest you, as a volunteer.

\_\_\_\_\_ Gift Shop \_\_\_\_\_ Welcome Center

\_\_\_\_\_ Visiting with Patients \_\_\_\_\_ Office Tasks

\_\_\_\_\_ Nutrition Services \_\_\_\_\_ Housekeeping

Additional Skills or Areas of Interest:

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The above information is accurate and correct to the best of my knowledge.

Signature: _____ Date: _____

Your signature indicates your approval for us to check references. Your signature does not obligate Henry County Hospital to provide a placement, nor are you obligated to accept the volunteer position offered.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sex or disabilities.