

# VOLUNTEER APPLICATION



## PERSONAL INFORMATION

|                                 |           |             |                      |
|---------------------------------|-----------|-------------|----------------------|
| Name:                           |           | Home Phone: |                      |
| Address:                        |           | City:       | Pager or Cell Phone: |
| State:                          | Zip Code: |             | Email Address:       |
| Date of Birth (month/day/year): |           |             | Age:                 |

## IN CASE OF EMERGENCY – NOTIFY

|          |        |                |  |
|----------|--------|----------------|--|
| Name:    |        | Relationship:  |  |
| Address: |        | Home Phone:    |  |
| City:    | State: | Business Phone |  |

## JOB EXPERIENCE

| From | To | Employer | Job Duties | Reason for leaving |
|------|----|----------|------------|--------------------|
|      |    |          |            |                    |
|      |    |          |            |                    |
|      |    |          |            |                    |

**VOLUNTEER EXPERIENCE**

|   |
|---|
| Please list any volunteer experiences you have: |
|   |

**EDUCATION**

|  |   |   |    |    |    |                  |
|--|---|---|----|----|----|------------------|
| Please circle the last grade completed     | 8 | 9 | 10 | 11 | 12 | Post High School |
| Last school attended:                      |   |   |    |    |    |                  |
| Major or educational emphasis:             |   |   |    |    |    |                  |
| Degree, license or certification and date: |   |   |    |    |    |                  |

**HEALTH**

|   |
|---|
| Please list any physical limitations that would prevent you from performing certain volunteer duties (walking, lifting, bending, etc.). |
|   |

**VOLUNTEER EXPERIENCE DESIRED**

|  |
|--|
| Please describe your motivation to volunteer, and what would you like to do as a volunteer at CMC? |
|  |

**GENERAL INFORMATION**

|  |   |   |
|--|---|---|
| Do you know anyone presently volunteering at Capital Medical Center? | Y | N |
| If yes, please list their name or names here:                        |   |   |

|  |
|--|
|  |
|--|

**REFERENCES**

|       |               |               |
|-------|---------------|---------------|
| Name: | Relationship: | Phone Number: |
|       |               |               |
| Name: | Relationship: | Phone Number: |
|       |               |               |

**POLICIES**

|  |
|--|
| Are you aware that this is a non-smoking facility? If you are a smoker, you will be required to follow the guidelines set by Capital Medical Center. Are you willing to follow these guidelines and policies? Circle one: <b>Yes</b> <b>No</b>                   |
| As a Volunteer, you are representing Capital Medical Center. Are you willing to follow the dress code policy as it relates to the Volunteer position? Circle one: <b>Yes</b> <b>No</b>   |
| The tuberculosis control program at Capital Medical Center requires obtaining a TB skin test on all new employees and volunteers. This is done onsite in our Employee Health Department. Do you understand this requirement?<br>Circle one: <b>Yes</b> <b>No</b> |
| You will be required to attend volunteer hospital orientation prior to volunteering. This orientation will be mandatory for all active volunteers. With proper notice, will you be able to meet this requirement? Circle one: <b>Yes</b> <b>No</b>               |
| All employees and volunteers are required to pass a background check prior to working in the hospital. Do you understand this requirement?<br>Circle one: <b>Yes</b> <b>No</b>   |
| As a volunteer, you are giving of your time freely and without compensation. The position of volunteer does not constitute employment and does not guarantee future employment opportunities at CMC. Do you understand?<br>Circle one: <b>Yes</b> <b>No</b>      |

I authorize investigation of all statements contained in this application. All information given on this application will be considered confidential.

Prospective Volunteer Signature

Date

\_\_\_\_\_

\_\_\_\_\_

For office use only

|                         |           |
|-------------------------|-----------|
| References checked: Y N | Comments: |
| Date of interview:      | Comments: |