



ADULT VOLUNTEER APPLICATION

Mr. Mrs.
Ms. Miss _____ Date _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Birthdate _____ Home Phone () _____

Social Security Number _____ Spouse _____

Present occupation (i.e., profession, retired, homemaker) _____

If presently employed, name of company _____ Phone # _____

Work hours and days _____ Position _____

Completed education _____

Special training/foreign language _____

How did you become interested in our volunteer program? _____

Have you had volunteer experience? Yes _____ No _____

Previous volunteer experience: _____

Indicate hobbies/special interests _____

Other community affiliations _____

Hours and days available to volunteer _____

Are there any work activities or conditions you must avoid? _____

Please give any other information you feel would be pertinent to your application _____

Would you be interested in becoming a member of the Auxiliary? ____ Yes ____ No ____ Not at this time

Are you interested in volunteering because you need to perform community service hours? ____ Yes ____ No

If yes, please explain why you need to perform them and how many hours are required _____

-OVER-

INCOMPLETED APPLICATIONS WILL BE RETURNED

Please list two references:

Name _____ Phone Number () _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone Number () _____

Address _____ City _____ State _____ Zip _____

Interest/Skills *(please indicate which you would be willing to share as a volunteer)*

Clerical Skills

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> typing | <input type="checkbox"/> filing | <input type="checkbox"/> using copier |
| <input type="checkbox"/> handwriting (envelopes, etc.) | <input type="checkbox"/> sales | <input type="checkbox"/> proof reading |
| <input type="checkbox"/> cash register | <input type="checkbox"/> collating | <input type="checkbox"/> numerical updating |
| <input type="checkbox"/> other <i>(specify)</i> _____ | <input type="checkbox"/> phone work | <input type="checkbox"/> alphabetizing |
| _____ | <input type="checkbox"/> computer | <input type="checkbox"/> record updating |

Patient Care
(as applicable)

- | | |
|--|--|
| <input type="checkbox"/> messenger | <input type="checkbox"/> patient escort & transporting |
| <input type="checkbox"/> patient contact | <input type="checkbox"/> greeting visitors |

Communication Skills

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> foreign language <i>(specify language)</i> _____ | <input type="checkbox"/> Journalism |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> photography |
| <input type="checkbox"/> calligraphy | <input type="checkbox"/> graphic arts |

Personal Skills

- | | |
|---|---|
| <input type="checkbox"/> sewing | <input type="checkbox"/> knitting |
| <input type="checkbox"/> crocheting | <input type="checkbox"/> handyman repairs |
| <input type="checkbox"/> macrame | <input type="checkbox"/> crafts |
| <input type="checkbox"/> musical instrument
<i>(specify)</i> _____ | <input type="checkbox"/> singing |

Additional skills/comments: _____

Area of interest in volunteering: _____

The above information is accurate and correct:

Signature _____ Date _____

YOUR SIGNATURE INDICATES YOUR APPROVAL FOR US TO CHECK REFERENCES. THE VOLUNTEER SERVICES DEPARTMENT IS NOT OBLIGATED TO PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION OFFERED.

PLEASE RETURN COMPLETED APPLICATION TO:

**HILLCREST HOSPITAL, VOLUNTEER SERVICES
6780 MAYFIELD RD.
MAYFIELD HTS., OH 44124**

FOR OFFICE USE ONLY:

Date _____ Area of Assignment _____

