

ADULT VOLUNTEER APPLICATION

Please Check One Adult General Interest Pastoral Care College Student

Our Mission is to provide patient centered care by actively supporting our patients, visitors, caregivers and greater community by applying our time and talents.

_____ Date _____
Last First Middle

Address _____

Birthdate _____

Home Phone () _____ Cell Phone () _____

Email address (Required to become a volunteer) _____

Social Security Number _____

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

If presently employed, name of company _____

Work hours and days _____ Position _____

Completed education _____

What attracted to apply to become a volunteer at Hillcrest Hospital? _____

Have you had volunteer experience? Yes _____ No _____

Previous volunteer experience: _____

Computer skills: _____

Other community affiliations _____

Hours and days available to volunteer _____

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

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 _____

WE DO NOT ACCEPT COURT ORDERED COMMUNITY SERVICE HOUR REQUESTS

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)*

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.

INCOMPLETED APPLICATIONS WILL BE RETURN