

# APPLICATION FOR VOLUNTEER SERVICE

**Name** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Number and Street

\_\_\_\_\_ **Email** \_\_\_\_\_  
City State Zip

**In emergency, notify:** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**References:** Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

**Education:** High School \_\_\_\_\_ Graduate  yes  no  
 College \_\_\_\_\_ Graduate  yes  no  
 Other areas of study \_\_\_\_\_

**Check all that apply:**  Language Skills  Computer Skills  Typing  Other \_\_\_\_\_

**Do you prefer a particular type of volunteer service?**  Patient Contact  Clerical

**Availability:**  Morning  Afternoon **Choice of days:**  Mon  Tues  Wed  Thurs  Fri

**Work/Volunteer Experience:**

Date from month/year	Date to month/year	Name of Company	Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Street Address	City State Zip	
Reason for leaving		Position	Supervisor Telephone	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
		Major Responsibilities		
Date from month/year	Date to month/year	Name of Company	Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Street Address	City State Zip	
Reason for leaving		Position	Supervisor Telephone	May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no
		Major Responsibilities		

*As a volunteer of Faulkner Hospital, I agree to abide by the policies and guidelines as set forth by the Hospital, especially as it pertains to patients' privacy.*

Signed \_\_\_\_\_ Date \_\_\_\_\_