

CAPITAL REGION MEDICAL CENTER VOLUNTEER APPLICATION

Date _____

Name _____
First Middle Last

Address _____ Zip _____

Phone(_____) _____ (_____) _____
Home Work

Birthday _____ Social Security Number _____
Month/Day/Year

E-mail _____

PRIOR EXPERIENCE:

Please list job skills you have gained from a previous employment or from volunteering. _____

REFERENCES:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

HOBBIES AND PERSONAL INTERESTS: _____

How did you become interested in our volunteer program? _____

Assignment choices: _____

TIME AVAILABLE:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

IN CASE OF AN EMERGENCY NOTIFY:

Name _____ Relationship _____

Company _____ City _____

Phone(_____) _____ (_____) _____
Work Home

CURRENT SCHOOL INFORMATION (If applicable):

School attending _____ Year/Grade _____

Have you ever been convicted for a violation of any federal, state, county or municipal law since your 16th birthday (do not include misdemeanors or traffic violations)? Yes No

If yes, state place, date and reason _____

COMMUNITY SERVICE (If applicable):

Is volunteer work a requirement for community service? Yes No

If yes, how many hours are required of you? _____

I, as a volunteer at Capital Region Medical Center, agree to:

Hold confidential all information which I may obtain directly or indirectly concerning patients, physicians, or personnel and will not seek confidential information in regard to a patient.

My services are donated to Capital Region Medical Center without contemplation of compensation or future employment given with humanitarian or charitable reasons in mind.

I have read all the questions on this application, have accurately answered all that applied to me, and certify that all information is correct.

Signature _____ Date _____

VOLUNTEER OFFICE USE ONLY

Assignment Given _____

Orientation _____

T.B. Testing _____

Registration/Hour Cards _____

Skill Bank _____

Uniform _____

Birthday List _____ Mailing List _____

Name Badge _____ Volunteer Handbook _____

Date Terminated _____ Reason _____