

## VOLUNTEER APPLICATION

Please answer all questions. Type or print clearly.

### NAME AND ADDRESS

Last Name	First	Middle Initial
Current Address	Number	Street
City	State	Zip

### PHONE NUMBERS E-MAIL ADDRESS

Current	Work
E-MAIL ADDRESS	

### PREFERRED FORM OF ADDRESS

Mr.    
  Miss    
  Mrs.    
  Ms. Nickname \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

### CURRENT STATUS

Middle / High School Student    
  8    
  9    
  10    
  11    
  12  
 Check current grade

College / University Student    
  Freshman    
  Sophomore    
  Jr.    
  Sr.    
  Grad Student  
 Check current status

Practicums / Internships    
 Institution \_\_\_\_\_    
 Course \_\_\_\_\_

Community Resident

### REFERRAL SOURCE

<input type="checkbox"/> Radio / TV _____	<input type="checkbox"/> Teacher / Counselor _____
<input type="checkbox"/> Employer _____	<input type="checkbox"/> Friend _____
<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Self Inquiry _____	

### PREVIOUS VOLUNTEER EXPERIENCE

Organization	Role in Organization

## PROFESSIONAL / CIVIC MEMBERSHIPS

Organization \_\_\_\_\_

Role in Organization \_\_\_\_\_

## CURRENT EMPLOYMENT

Employer \_\_\_\_\_

City / State \_\_\_\_\_

Phone

( ) \_\_\_\_\_

May we phone you at work regarding your volunteer activities?  Yes  No

## SPECIAL SKILLS / INTERESTS

- Language(s) - including sign languages (please specify) \_\_\_\_\_
- Office / Clerical (please specify) \_\_\_\_\_
- Entertainment (please specify) \_\_\_\_\_
- Computer \_\_\_\_\_
- Other work experiences (please specify) \_\_\_\_\_
- Other interests \_\_\_\_\_

## WHY DO YOU WANT TO VOLUNTEER AT MUNSON?

## REFERENCES - List 2 people outside your family (Include complete mailing address)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing address \_\_\_\_\_

Do you have any medical history or physical condition that may limit your ability to do the job of which we should be aware?  No  Yes - brief explanation \_\_\_\_\_

Are you currently employed in the Munson Healthcare System?  No  Yes - where? \_\_\_\_\_

Have you ever been employed in the Munson Healthcare System?  No  Yes - in what capacity? \_\_\_\_\_

Have you ever been convicted of a crime(s) including misdemeanors other than minor traffic offense?  No  Yes

If yes, please give details & current status.

Are there any felony charges outstanding?  No  Yes If yes, please give date, place, charge and current status.

Are you volunteering to satisfy a court required community service?  No  Yes - please list your probation officer's name and phone number.

I certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by Munson Volunteer Services. Misrepresentation of facts constitutes cause for denial of application and/or dismissal from Volunteering at Munson Medical Center.

Signature \_\_\_\_\_

Date \_\_\_\_\_