



## VOLUNTEER APPLICATION

Today's Date \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
 (Last) (First) (Middle Initial) **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 (City) (State) (Zip)

**Birth date** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_  
 (REQUIRED-Month/Date/Year) (REQUIRED)

**E-mail:** \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

Student \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time Where: \_\_\_\_\_

Employed \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time Where: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**EXPERIENCE**

Volunteer Where: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Paid Where: \_\_\_\_\_

Type of Work: \_\_\_\_\_

**AVAILABILITY:** Days available to volunteer. Please check times available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

**REFERRAL SOURCE:** How did you hear about the Holy Family Memorial volunteer program?

\_\_\_\_\_

\_\_\_\_\_

**PLACEMENT PREFERENCES:**

- Admission/Discharge Escort
- Gift Shop
- Espresso Connection Coffee Shop
- Hospice
- Welcome Desk
- Lector
- Network Mail Room
- Clinic Sites
- Insights/Health Resource Center
- Insights/Health Resource Center
- Hospitality Center/  
Surgical Lounge
- Pastoral Care Receptionist/  
Eucharistic Minister
- Plant Operations
- Harbor Town Escort
- Harbor Town Information Desk
- Other

**REFERENCES:** Please list two people (other than relatives) who know your work record.

Name: _____	Name: _____
Address _____	Address _____
City, State, Zip: _____	City, State, Zip _____
Phone: _____	Phone: _____

**HEALTH:**

Physical limitations:  Yes  No If yes, explain: \_\_\_\_\_

Other limitations:  Yes  No If yes, explain: \_\_\_\_\_

**EMERGENCY CONTACT:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of a criminal offense:  Yes  No

If yes, give details: \_\_\_\_\_

(No applicant will be denied a volunteer position because of a conviction for an offense or because of a pending criminal charge which Holy Family Memorial determines is not substantially related to the circumstances of the volunteer position sought.)

In order to assure the safety of our patients, staff, and visitors, Holy Family Memorial performs a routine background check of all staff including volunteers. Your signature below signifies your acceptance of this background check for yourself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_