



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: _____

Mail to Volunteer Services, Holy Family Memorial, PO Box 1450, Manitowoc, WI 54221-1450.