



## VOLUNTEER APPLICATION

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **Background Check Information:**

SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you have any volunteer experience? \_\_\_\_\_

If yes, please indicate where?

\_\_\_\_\_

Reference Name/Phone Number: \_\_\_\_\_

### **Please check any areas in which you may be interested in being involved:**

\_\_\_\_\_ Gift Shop

\_\_\_\_\_ Rehabilitation Services

\_\_\_\_\_ Courtesy Services/Information Desk

\_\_\_\_\_ Materials Management Department

\_\_\_\_\_ Auxiliary Membership

\_\_\_\_\_ Home Health & Hospice Department