

HURLEY MEDICAL CENTER VOLUNTEER APPLICATION



PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Dr. Mr. Mrs. Ms. Miss (circle one)

Last Name	First Name	Middle Name											
Current Address													
City	State	Zip Code											
E-Mail Address	Home Phone	Cell Phone											
Emergency Contact Name	Relationship	Emergency Contact Phone Number											
Full Social Security Number						Full Date of Birth							
						M	M	D	D	Y	Y	Y	Y

Current Status

<input type="checkbox"/> High School Student	Please check which grade you are currently in:	<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th	
<input type="checkbox"/> College/University Student	Please check your current status :	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Jr	<input type="checkbox"/> Sr	<input type="checkbox"/> Grad Student
Name of Institution _____						
<input type="checkbox"/> Community Resident						
Please check reason you are applying to volunteer: <input type="checkbox"/> Personal Enrichment <input type="checkbox"/> Gain Experience <input type="checkbox"/> Other (Please explain)						

Where did you hear about volunteering at Hurley Medical Center (check all that apply)

<input type="checkbox"/> Radio/TV/Newspaper	<input type="checkbox"/> Employer	<input type="checkbox"/> Recruiting Event	<input type="checkbox"/> Teacher/Counselor
<input type="checkbox"/> Church/Temple	<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Website	<input type="checkbox"/> Poster/Flyer
<input type="checkbox"/> Civic/Service Goup	<input type="checkbox"/> Self Inquiry	<input type="checkbox"/> Other _____	

Volunteer Experience

Organization	Duties
Organization	Duties
Organization	Duties
Organization	Duties

Professional/Civic Memberships

Organization	Role in Organization
Organization	Role in Organization
Organization	Role in Organization

Employment History

Employer	Address
City, State	Phone
Employer	Address
City, State	Phone
If you are currently employed, may we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

References

Name	Relationship	Phone Number	How long have you known them?
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Name	Relationship	Phone Number	How long have you known them?
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give date, place, charge, and disposition of conviction.			
Do you have any felony charges outstanding? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give date, place, charge, and current status.			
Are you volunteering to satisfy a court required community service? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list your probation officer's name and phone number.			

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I understand that misrepresentation of facts constitutes cause for separation.

If placed, I will volunteer on a regular basis, be dependable, and honor all Hurley Medical Center and volunteer policies and guidelines. I hereby authorize present and former employers, associates, schools, credit organizations, law enforcement agencies, military organizations, and/or other persons to provide Hurley Medical Center with any information which may aid in determining my suitability for volunteering. Additionally, I release those individuals and/or organizations contacted from liability whatsoever for issuing the requested information, and hereby waive my right to receive written notice of any such information provided. I also hereby release Hurley Medical Center, its affiliates, and employees from any and all liability and damages for requesting, releasing, and using information concerning me, my work, and my performance records.

I clearly understand that there is no employer/employee relationship and that as a service volunteer I am not entitled to compensation or fringe benefits of any kind for voluntary services. By submitting this application, I agree to the previous statement. An appointment for a personal interview will be scheduled when this completed application is received and processed.

Signature _____ Date _____