



ADULT VOLUNTEER APPLICATION

Name _____
Last First Middle

Address _____
Street City Zip

Phone _____ Cell _____ Email _____

Have You Previously Been Employed by PMH? Yes No
If Yes, Please Give Dates and Titles:

Are You Related To **Any** PMH Employee? Yes No
Employee Name _____

Have You Ever Been Discharged/Asked to Resign from Employment? Yes No
If Yes, Please Give Details

Have You Ever Been Convicted of a Crime? Yes No
If Yes, Please Give Details

Emergency Contact:

Name _____ Relationship _____

Telephone _____ Work/Cell _____

Family Physician _____ Telephone _____

Education:

Do You Have a GED Or High School Diploma? Yes No

Name of School: _____

Have You Attended Any Other Technical School, College, Or University? Yes No

Names(s) of Institution(s):



Days Available: Mon Tues Wed Thurs Fri Sat Sun

Times Available: _____ Morning _____ Afternoon _____ Evening

May we contact you for special one-time projects? (Like Book Fair, Blood Drives, Stuffing Envelopes For Mailings, etc.) Yes No

What are three (3) talents or skills that you have that may be useful as a volunteer?

Is there a particular department or area of the hospital in which you would like to volunteer?

Are there any departments or areas of the hospital in which you would **not** like to volunteer?

Please provide names of three (3) people we may contact to serve as references for you.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all the information provided above is true, complete, and correct to the best of my knowledge. I voluntarily give Preston Memorial Hospital permission to make a thorough investigation of my background, education, and criminal records. I understand that volunteering is dependent upon the satisfactory completion of a background investigation, health history form, immunization records review, and yearly occupational health appointment, which could also include drug testing.

Applicant's Signature: _____ Date: _____