

# VOLUNTEER APPLICATION

Program (Circle): **ADULT**                      **COLLEGE**                      **TEEN**

*Please Print. Entire Application Must Be Completed.*

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ M or F (please circle)  
(Last) (First) (Middle)

Date of Birth (month)\_\_\_\_\_(day)\_\_\_\_\_(year)\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

School Name (If Currently Attending) \_\_\_\_\_ School Phone \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Teen/College Vol: Fr \_\_\_\_\_ Soph \_\_\_\_\_ Jr \_\_\_\_\_ Sr \_\_\_\_\_ Graduate Program \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Highest Level of Education \_\_\_\_\_ Major \_\_\_\_\_

Foreign Languages \_\_\_\_\_ Fluently (Circle) YES NO

Have you ever been employed by Cone Health? \_\_\_\_\_ If Yes, Dates Employed \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Physician To Contact in an Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Service Area Preferred (please list 1) \_\_\_\_\_

Days Available (please circle) M T W TH F SAT SU Time \_\_\_\_\_

Earliest Date Available \_\_\_\_/\_\_\_\_/\_\_\_\_ Previous Volunteer Experience? (Please List ) \_\_\_\_\_

If you are working with a special program for credit (club, etc.), please list;

\_\_\_\_\_  
(Name) (Address) (Phone)

Have you ever been convicted of any criminal offense other than a minor traffic violation? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Hobbies, Skills, Special Interest \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to be a Volunteer? (Career Goals, Etc.) \_\_\_\_\_

\_\_\_\_\_

### REFERENCES

1) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

How does this person know you? \_\_\_\_\_

2) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

How does this person know you? \_\_\_\_\_

Believing that the organization has a real need of my services as a volunteer, I will:

- be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- conduct myself with dignity, courtesy and consideration.
- consider as confidential all information which I may hear, directly or indirectly, concerning a patient, doctor, or any member of personnel, and will not seek information in regard to a patient.
- take my problems, criticisms or suggestions to the Director of Volunteer Services.
- endeavor to make my work of the highest quality.
- uphold the Mission, Values and Standards of this organization.
- I hereby certify that the answers on this application are true and correct and that any misrepresentations or omissions of facts or false information on my part will be grounds for dismissal as a volunteer.
- acceptance as a volunteer is contingent upon satisfactory references and verification of the information submitted on this application/background check. I therefore authorize Cone Health to make such investigations and inquiries deemed necessary in determining to accept me as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**I give my permission for Volunteer Services to copy my records (including my immunization records) for release to me, upon my request. These records may be presented to me in person, by fax or by mail. This authorization does not expire.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_