



OFFICE USE ONLY

Database: ___/___/___ HIPPA: ___/___/___

Orientation: ___/___/___

TB Results: ___/___/___ References: Y or N

Placement: _____

VOLUNTEER APPLICATION

DATE: _____

NAME: _____
(Last) (First) (MI)

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Have you ever volunteered with us before? () Yes () No

If yes, what year? _____

Home Phone No.: _____ Cell Phone No.: _____

Email address: _____

I prefer to be contacted by: () Home () Cell () Email

EDUCATION:

Check all that apply: () High School Graduate () Some College

() College Graduate () Graduate School

Degree or Major: _____

STUDENTS ONLY:

School: _____ Major: _____

Volunteering for credit hours? () Yes () No How many TOTAL hours required? _____

EMPLOYMENT INFORMATION:

I am: () Employed () Unemployed () Retired () Student

Employer Name/Address: _____

Occupation/ Department: _____

If retired, Name of Company and Occupation: _____

AVAILABILITY: (*Clinic is open Tuesday (8:30-5:00), Wednesday (8:30-12:00), Thursday (8:30-5:00 except for night clinics)

How many hours per week are you available? _____

Please check the days and times you are usually available:

Tuesday () Morning _____ () Afternoon _____

Wednesday () Morning _____

Thursday () Morning _____ () Afternoon _____ () Evening _____

VOLUNTEER INTERESTS:

() Patient Services

- Work directly with patients

() Support Services

- Work "behind the scenes" (Administration, Dispensary, etc.)

Are there any particular services you are interested in? _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home Phone No.: _____ Cell Phone No.: _____

Please describe any prior or present volunteer or community activities: _____

How did you become interested in volunteering at GSC? Check all that apply:

- First-time volunteer
- Seeking work experience
- Live/work close to GSC
- Former patient at GSC
- Enjoyed volunteering in a hospital in the past
- Need hours/experience for health care career
- Seeking interaction with patients, families, or visitors
- Seeking exposure to health care environment

REFERENCES (please provide two references):

Name: _____ Phone No.: _____

Relationship to you: _____ Length of time known: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Phone No.: _____

Relationship to you: _____ Length of time known: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____