



VOLUNTEER APPLICATION

Street Address:			
City:	State:	Zip:	
Phone:			
Email:			
In an emergency, notify:	Rela	tionship:	Tel#:
EDUCATION: Indicate your high	nest level of completed educa	tion:	
High school2 yr p	ost secondary4 yr	post secondary	Graduate school
Other schools or special training:			
EMPLOYMENT:			
Present / last employer:		From:	To:
Position held:		Reason for	leaving:
2. Previous Employer:		From:	To:
Position held:		Reason for l	eaving:
REFERENCES: Two persons other than relatives. 1	f student give advisor or facu	lty member and one of	ner nerson
Name:	•	•	•
Address:			
Name:	•		-
1 tunio.			
Address:	City:	Sta	ate: Zin:

If yes, how long and /or how many hours?	
Contact person at school/community center/other:	Tel #:
Please list any special skills, interests and/or hobbies:	
Why do you want to volunteer at Newport Hospital?	
What type of volunteer work are you interested in?	
Days and times you are available?	
Have you ever been convicted of a felony? Yes	No
I agree to comply with all hospital policies, including, but not l I affirm that all information provided on this application and act that my acceptance into the volunteer program is contingent up history check and other information provided by me. I underst service as a volunteer when, in the opinion of the director of volunteer when, in the opinion of the director of volunteer when the	companying material is complete and true. I understand on satisfactory results of my health screening, criminal and that the hospital reserves the right to terminate my
Signature:	Date: