LIFESPAN

Volunteer Application – The Miriam Hospital

All information must be completed even if resume is attached. Please Print.

Are you younger than 18 years of age? ☐ No or ☐ Yes

PERSONAL INFORMATION			
Last Name	First		Middle
Address	City	State	Zip
Telephone (Home)	Cell	Email	
Emergency Name and Number			
EDUCATION			
High School	Location of School		Last Year Completed 9 10 11 12
College			
Graduate School			
Other Schools or special training, or other skills:			
WORK & VOLUNTEER EXPERIENCE – LIST BELOW PRESENT EMPLOYER			
Name of Employer	Type of Business	Employer's Telephone	
Previous Work Experience			
Previous Volunteer Experience			
FOR OFFICE USE ONLY			
Interview Date:	EE Health Visit:	EE Health Clearance:	
Paperwork:	Orientation Date:	Start Date:	End Date:
Placement:	Supervisor Name and Extension:		
Notes:			

Please Answer the Following Questions:

How did you hear about our volunteer program? _____

Why do you wish to volunteer? _____

What type of volunteer work are you interested in? _____

Days of the week you are available: _____

Hours you are available: _____

Do you speak any foreign languages? _____

Please list any special skills, interests and/or other hobbies: _____

Have you ever been convicted of a felony or misdemeanor? _____ If yes, explain: _____

_____

Are you a user of tobacco products: _____

PERSONAL OR CHARACTER REFERENCES – (give business, professional or counselor/teacher – not relatives)		
Name	Telephone	Relationship
Name	Telephone	Relationship
Name	Telephone	Relationship

- I understand that my volunteer work is contingent upon my completing a communicable disease Health Record and obtaining a PPD Test (Tuberculin Tine Test).
- I agree to maintain strict patient confidentiality in my position as a volunteer.
- I understand that any false statements, concealment or withholding of information on this application or in any aspect of the application process is sufficient cause for withdrawing an offer to participate in the volunteer program or dismissal if I am already placed in a volunteer position.

SIGNATURE: _____ DATE: _____