

PERSONAL REFERENCE (not a relative)

Name _____ **Relationship** _____

Phone _____

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Phone _____

Have you ever been convicted of a criminal offense other than minor traffic violations? No Yes

If yes, please explain: _____

Do you have any special needs or restrictions we should be aware of? No Yes

If yes, please explain: _____

Please indicate the reason you are seeking a volunteer position (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Personal fulfillment | <input type="checkbox"/> Professional Development | <input type="checkbox"/> Family/friends with hospital (name) _____ |
| <input type="checkbox"/> Extra Time | <input type="checkbox"/> Possible future career | <input type="checkbox"/> Requirement for class/degree (# hours required _____) |
| <input type="checkbox"/> Contribute to my community | <input type="checkbox"/> Community Service | |

Is there any particular type of volunteer work in which you are interested in? (Check all that apply)

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Patient Contact | <input type="checkbox"/> Greeter | <input type="checkbox"/> Patient Transport | |
| <input type="checkbox"/> Clerical/filing | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Sewing | <input type="checkbox"/> Patient waiting rooms |
| <input type="checkbox"/> Computer Work | <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Other _____ |

Hobbies/Interests:

Skills you would like to use while volunteering:

I do not wish to be contacted to contribute to or participate in fundraising events.