

ADULT VOLUNTEER SERVICES APPLICATION

PERSONAL INFORMATION

First _____ Middle _____ Last _____

Email Address _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alternative Phone _____

Do you speak a foreign language? Yes No If yes, please list languages: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Relationship _____

Phone _____ Alternative Phone _____

AVAILABILITY

What days and times are you available to volunteer?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Mornings (8am - Noon) Mid-Day (Noon - 4pm) Evening (4pm – 8pm)

QUESTIONNAIRE

Why are you interested in volunteering? _____

Are you currently seeking volunteer experience to fulfill a community service obligation (i.e. church, school)?

Yes No If yes, please describe the service requirements: _____

Service Organization _____

Contact Name _____ Phone Number _____

Is there anything that may adversely affect your ability to perform volunteer work? Yes No

If yes, please describe in detail: _____

Are you interested in joining our Pink Ladies & Red Coats Auxiliary Non Profit Group or being a general Adult Volunteer?

Auxiliary Non Profit Group Adult Volunteer

Are there any accommodations needed in order for you to safely and competently perform volunteer work as requested? _____

EDUCATION & WORK EXPERIENCE

Education: Please check highest level High School: 9 10 11 12 GED

Name & State: _____

If under 18, please list your primary interest of study/career goals: _____

College 1 2 3 4 Graduate School 1 2 3 4

Degree/Major _____

Employment Experience:

Have you ever worked at a hospital? Yes No If yes, in what capacity: _____

Last place of work, if any: _____

Business Name _____

Address _____ Phone _____

Position _____ Supervisor's Name _____

REFERENCES

Please include references for any current or former job supervisors, teachers or clergy. Family members, relatives and friends may not provide recommendations.

Reference 1: Name _____ Phone _____

Relationship _____ Business Name _____

Address _____ City _____ State _____ Zip _____

Reference 2: Name _____ Phone _____

Relationship _____ Business Name _____

Address _____ City _____ State _____ Zip _____

OTHER

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

If yes to either question, please describe the conviction(s) in detail, including dates.

Certification and Authorization

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all of the policies, rules and regulation of the TRHS.

I authorize Tift Regional Health System to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other related matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

Name: _____

Date: _____

Adult – For Internal Use Only:

Certifications _____

Community Service _____