

VOLUNTEER APPLICATION

Please answer all questions. Type or print clearly.

NAME AND ADDRESS

Last Name	First	Middle Initial
Current Address	Number	Street
City	State	Zip

PHONE NUMBERS E-MAIL ADDRESS

Current	Work
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SOCIAL SECURITY NUMBER PREFERRED FORM OF ADDRESS

_____ - ____ - _____ 	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Nickname _____
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EMERGENCY CONTACT INFORMATION

Name	Phone Number
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CURRENT STATUS

<input type="checkbox"/> Middle / High School Student	<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
	Check current grade
<input type="checkbox"/> College / University Student	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Grad Student
	Check current status
<input type="checkbox"/> Practicums / Internships	Institution _____ Course _____
<input type="checkbox"/> Community Resident	

REFERRAL SOURCE

<input type="checkbox"/> Radio / TV _____	<input type="checkbox"/> Teacher / Counselor _____
<input type="checkbox"/> Employer _____	<input type="checkbox"/> Friend _____
<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Self Inquiry _____	

PREVIOUS VOLUNTEER EXPERIENCE

Organization	Role in Organization

PROFESSIONAL / CIVIC MEMBERSHIPS

Organization	Role in Organization

CURRENT EMPLOYMENT

Employer	City / State

Phone ()

May we phone you at work regarding your volunteer activities? Yes No

SPECIAL SKILLS / INTERESTS

- Language(s) - including sign languages (please specify) _____
- Office / Clerical (please specify) _____
- Entertainment (please specify) _____
- Computer _____
- Other work experiences (please specify) _____
- Other interests _____

WHY DO YOU WANT TO VOLUNTEER AT MUNSON?**REFERENCES - List 2 people outside your family**

Name	Relationship	Phone Number

Name	Relationship	Phone Number

Do you have any medical history or physical condition that may limit your ability to do the job of which we should be aware? No Yes - brief explanation _____

Are you currently employed in the Munson Healthcare System? No Yes - where? _____

Have you ever been employed in the Munson Healthcare System? No Yes - in what capacity? _____

Have you ever been convicted of a crime(s) including misdemeanors other than minor traffic offense? No Yes

If yes, please give details & current status.

Are there any felony charges outstanding? No Yes If yes, please give date, place, charge and current status.

Are you volunteering to satisfy a court required community service? No Yes - please list your probation officer's name and phone number.

I certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by Munson Volunteer Services. Misrepresentation of facts constitutes cause for denial of application and/or dismissal from Volunteering at Munson Medical Center.

Signature	Date
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