



## Adult Volunteer Application

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

### Two Personal References

Name	
Street Address	
City ST ZIP Code	
Home Phone	

Name	
Street Address	
City ST ZIP Code	
Home Phone	

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Previous Volunteer Experience

How did you become interested in becoming a Marion General Hospital volunteer?

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Summarize your previous volunteer experience.

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### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. The signature on this application permits the volunteer office to contact my personal references.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.