

# CAPITAL REGION MEDICAL CENTER VOLUNTEER APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Home Work

Birthday \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Month/Day

E-mail \_\_\_\_\_

**PRIOR EXPERIENCE:**

Please list job skills you have gained from a previous employment or from volunteering. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**HOBBIES AND PERSONAL INTERESTS:** \_\_\_\_\_

How did you become interested in our volunteer program? \_\_\_\_\_

Assignment choices: \_\_\_\_\_

**TIME AVAILABLE:**

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

**IN CASE OF AN EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ City \_\_\_\_\_

Phone( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Work Home

**CURRENT SCHOOL INFORMATION (If applicable):**

School attending \_\_\_\_\_ Year/Grade \_\_\_\_\_

Have you ever been convicted for a violation of any federal, state, county or municipal law since your 16th birthday (do not include misdemeanors or traffic violations)?  Yes  No

If yes, state place, date and reason \_\_\_\_\_

**COMMUNITY SERVICE (If applicable):**

Is volunteer work a requirement for community service?  Yes  No

If yes, how many hours are required of you? \_\_\_\_\_

I, as a volunteer at Capital Region Medical Center, agree to:

*Hold confidential all information which I may obtain directly or indirectly concerning patients, physicians, or personnel and will not seek confidential information in regard to a patient.*

*My services are donated to Capital Region Medical Center without contemplation of compensation or future employment given with humanitarian or charitable reasons in mind.*

I have read all the questions on this application, have accurately answered all that applied to me, and certify that all information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**VOLUNTEER OFFICE USE ONLY**

Assignment Given \_\_\_\_\_

Orientation \_\_\_\_\_

T.B. Testing \_\_\_\_\_

Registration/Hour Cards \_\_\_\_\_

Skill Bank \_\_\_\_\_

Uniform \_\_\_\_\_

Birthday List \_\_\_\_\_ Mailing List \_\_\_\_\_

Name Badge \_\_\_\_\_ Volunteer Handbook \_\_\_\_\_

Date Terminated \_\_\_\_\_ Reason \_\_\_\_\_