

# CAPITAL REGION MEDICAL CENTER VOLUNTEER APPLICATION

Date \_\_\_\_\_

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

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

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

Birthday \_\_\_\_\_ E-mail \_\_\_\_\_  
Month/Day/Year

**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(S) AVAILABLE:**

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

**IN CASE OF AN EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Company \_\_\_\_\_ City \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**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 16<sup>th</sup> birthday (do not include misdemeanors or traffic violations)?  Yes  No  Not Applicable

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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Required if applicants is less than 18 years old.

**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 \_\_\_\_\_