

# Baptist Health Hardin Auxiliary Application for Volunteer Services

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age: (Please Circle) 18-25 26-45 46-60 Over 60      Birthday: \_\_\_\_\_  
Month and Day

Education (Circle last year Completed):      GRADE: 5 6 7 8  
HIGH SCHOOL: 1 2 3 4  
COLLEGE: 1 2 3 4  
GRADUATE: 1 2

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous work Experience: \_\_\_\_\_

Are you presently employed: Yes \_\_\_ No \_\_\_ If yes, hours per week \_\_\_

Your duties in current job: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Special skills, training, interest or hobbies: \_\_\_\_\_

Previous/Present volunteer work: \_\_\_\_\_

What kinds of volunteer work are you most interested in at the present time?  
Patient Escort \_\_\_ Information Desk \_\_\_ Clerical \_\_\_ Gift Shop \_\_\_ Other \_\_\_\_\_

References: (not a family member)

(1) \_\_\_\_\_ Phone Number \_\_\_\_\_

(2) \_\_\_\_\_ Phone Number \_\_\_\_\_

(for office use) Interview \_\_\_ Dues \_\_\_ Uniform \_\_\_ Mail List \_\_\_ Picture \_\_\_  
Return to Director Volunteer Services