

Hardin Memorial Hospital Auxiliary Application for Volunteer Services

Name: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

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 ___ Orientation ___