



VOLUNTEER APPLICATION

Cherry Hospital (Revised 10/06)

Name: _____ Date: _____
 (Last) (First) (MI)

Address: _____

City: _____ Zip: _____ **DATE OF BIRTH:** _____

E-mail Address (if applicable): _____

Home Phone: _____ Work Phone: _____ Age: _____

Emergency Contact: _____ Phone Number: _____
 (Name) Relationship: _____

Education – circle highest grade completed:

8th 9th 10th 11th 12th GED College: 1 2 3 4 Grad School

Profession: _____

Briefly list any special training, internships, workshops, or volunteer experiences: _____

Would you prefer to work directly with patients? Yes No

What day(s) and time(s) would you be available? _____

Do you prefer to be a volunteer: Full-Time Part-Time Short-Term Special Projects

Have you ever been employed at Cherry Hospital. Yes No

If Yes, what department? _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot volunteer. The offense and how recently you were convicted will be evaluated in relation to your volunteer work request.)

Yes No *If yes, explain fully on an additional sheet.*

REFERENCES (Must list two other than relatives or close friends.)

- Name: _____ Home Phone No. _____ Work No. _____
- Name: _____ Home Phone No. _____ Work No. _____

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. I hereby grant permission for the above references to be contacted concerning my work experience, character, and/or qualifications. I understand that criminal records checks might be conducted as part of the volunteer application process.

Signature of Applicant (Unsigned applications will not be processed.) _____ Date _____