

VOLUNTEER APPLICATION FORM

Name: _____ Date: _____

Home Address: _____ Home Phone: _____

Cell Phone: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Social Security #: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Personal Reference: _____ Phone: _____

Are you presently employed? Yes _____ No _____ If yes, hours per week _____

Why do you want to be a volunteer? _____

Previous or present volunteer jobs: _____

How did you find out about our Volunteer Program? _____

Is there any reason you cannot fulfill the full requirements of this position? Yes _____ No _____

Have you ever been convicted, placed on probation, pled no contest, received deferred adjudication, or are you now under pending investigation on charges of criminal law violation or charges by a state or regulatory agency? Failure to disclose may result in a failure to hire as a volunteer: Yes _____ No _____ If yes, When _____ Court & Location _____
Nature of conviction _____

Do you enjoy working with people? Yes _____ No _____ Do you enjoy clerical work? Yes _____ No _____

Do you have any computer or typing skills? _____

List these skills: _____

Is there a specific area you wish to volunteer your services? _____

What is your preferred day/days to volunteer? _____

What are your preferred hours of the day to volunteer? _____

Non Discrimination Policy: Saint Mary's does not discriminate in accepting volunteers on the basis of race, color, religion, sex, national origin, age, veteran's status, or disability. No question on this application is intended to secure information to be used for such discrimination.

Reasonable accommodation: Saint Mary's Health Network's Volunteer Services will offer reasonable accommodation as required by the Law, except when such accommodation poses an undue hardship to the organization.

I understand that I am a member of a team that depends on me and that I must notify the department office in advance when I cannot report for duty. I must adhere to the agreed upon work schedule, with the understanding that I can change my schedule with the approval of the department. I will turn in my identification badge on completion of my volunteer service.

I also understand that a Drug Free Workplace Act is in effect and that a copy of that policy is available for me to read.

Signed: _____ Date: _____

