

Name: _____
 First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____

Social Security Number: _____

Birthdate: Month _____ Day _____

Primary Healthcare Provider: _____

Please list any previous Volunteer experience: _____

Please list your hobbies, skills and special interests: _____

Would you prefer patient contact? ___Yes ___No

Emergency Contact: _____

Home Phone: _____ **Cell Phone:** _____

The above information is accurate and correct to the best of my knowledge.

Signature

Date

Opportunities for Volunteers are provided without regard to religion, race, national origin or sex.

*Criminal Background
Release Waiver*

Please Read Carefully

Have you ever been convicted of a crime (misdemeanor or felony) other than a minor traffic violation? ____Yes ____No

If yes, please provide date and nature of conviction(s):

Conviction of a crime will not automatically disqualify an individual from approval to become a Volunteer. Any offense will be evaluated in relation to the objectives and requirements of the Volunteer work area.

I hereby authorize Magee General Hospital to obtain records of criminal activity from any source.

Volunteer Applicant's Name (Please Print)

Volunteer Applicant's Signature

Social Security Number

Birthdate

Street Address: _____

City: _____ State: _____ Zip: _____