

Volunteer Application

Mr. / Mrs. / Ms. / Miss	Last Name	First Name	Middle Name				
Home Address:	Street	City	Zip				
Mailing Address:	P.O. Box	City	Zip				
E-mail Address:	Day Time Phone Number:						
Social Security Number:	Date of Birth:	Month / Day / Year (12 - 17 years old)					
In case of emergency contact:	Relationship	Phone number					
Physician's Name:	Phone number						
How did you become interested in the volunteer program?							
Work Experience: <i>Paid</i>							
Work Experience: <i>Volunteer</i>							
Student Applicants only:	School	Grade	Age (12 - 17 years old)				
Special interests, talents, skills: <i>(such as typing, sewing, sports, crafts, musical instruments)</i>							
Personal Reference: <i>(please exclude relatives)</i>	Name		Phone number				
Professional Reference: <i>(please exclude relatives)</i>	Name		Phone number				
Volunteer Area(s) of interest:							
Applicants Availability: (Please circle days you are available)							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							
If applying for Healing Touch or Reiki Volunteer positions Level completed: _____ Date completed: ____/____/____ <i>Please attach copy of certificate</i> Instructors Name: _____							
<i>I agree to abide by the policies and regulations of Wilcox Memorial Hospital and its Volunteer Program:</i>							
Signature of Applicant				Date			
Signature of Parent or Guardian <small>required if applicant is under 18</small>				Date			