



Volunteer Application

Today's Date: _____

First Name: _____ Last Name: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Phone Number (Home): _____ Phone Number (Cell): _____

Email Address: _____

Birthday (Year Optional): _____

Have you ever worked as a Hospital Volunteer: Yes No

Describe any previous experience you have had as a volunteer _____

Volunteers are in the hospital 7am - 7pm depending on the volunteer job

Available times to volunteer:

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____



Have you ever been convicted of a crime other than a traffic offense?

_____ No _____ Yes Explain _____

(WCH conducts criminal record checks. Failure to divulge complete information will disqualify you from volunteering.)

Work Experience

Highest education/degree _____

Tell me about yourself (hobbies, ect.)

Volunteer Contract (Completion of this section is required)

I certify that I have given all information voluntarily and that all statements and representations are true and correct. I understand that all records regarding my performance will be kept strictly confidential. I also understand that I will not be paid for my services as a Wood County Hospital volunteer and that this is not an application for, or a contract of employment.

Signature of Volunteer

Date

Signature of Director of Volunteer

Date

Emergency Contact

Name

Relationship

Phone