

VOLUNTEER APPLICATION

Our Mission Statement: *Christ's healing mission of compassion empowers us to be for others through quality and excellence.*

Our Vision Statement: *We are committed to being the preferred health and wellness provider; transforming lives through faith-based, compassionate care.*

PERSONAL INFORMATION

Name: _____

Current Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email Address: _____

Do you have any physical condition or medical problem which may limit your ability to perform the work of a volunteer? Yes _____ No _____ If yes, please explain: _____

In Case of Emergency, Please Notify: _____

Name	Address	Home & Cell Phone	Relationship
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PREVIOUS EXPERIENCE

Please list your most recent experience in these areas:

a) Employment: _____

b) Volunteer: _____

Highest Level of Education: _____

Special Skills or Interests:

We will try our best to give you an appropriate volunteer assignment that best fits your interests, needs, and preferred schedule.

Personal Reference

Two personal references are required.

Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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Commitment to Volunteer

I commit to being a volunteer and live according to the Mission, Vision, and Core Values of Memorial Hospital and Health Care Center. I will abide by the expectations outlined in the Volunteer Guidelines. I agree to work with the Volunteer Supervisor and to accept the volunteer position that fits my gifts, talents and meets the needs of Memorial Hospital and Health Care Center.

Signature: _____ Date: _____

Volunteer Supervisor Signature: _____ Date: _____