Volunteer Application Form	Date of A	Application
How were you referred to Regional West's voluntee ☐ Walk-in ☐ rwhs.org ☐ Employee referral		☐ Other
Personal Data		
Name (first, middle and last)		
Current Address		CityState Zip
Home Phone		
Email Address		
When are you willing to work? (check all that apply):	_	enings
Where would you like to volunteer? (Check all that ap	oply):	Patient and Family Advisory Council
	Information Desk	☐ Chaplain (on call)
□ Outpatient Surgery Information □ Infusion Ce		ant 🔲 Main Information Desk
□ Occupational Health Data Entry □ Breast Hea	th Center Admissions	
In case of emergency notify: NameRelationship		
Education		
$\label{thm:bound} \mbox{Highest grade completed in high school (\it circle one):}$	9 10 11 12	
College, University, Trade school, Military training	Years attended an	· ·
Name and location	degree obtaine	d subject
Skills		
What other skills or additional training do you have the	nat would be helpful when volunteering at Re	egional West?
Previous Employment / Volunteer Experience		
List all jobs, including self-employment and military s		t employer
List all jobs, including self-employment and military s	received. Start with the present of most recent	it employer.
Employer	Location	
. ,		
Position		
Work Ferrormed		
Employer	Location	
Work Performed		
Work Ferformed		
Volunteer/Community Service		
Position		
Work Performed		
Work I charmed		
Volunteer/Community Service		
Position		
Work Performed		
References		
Please list two (2) persons not related to you who con		
Name (first, middle and last)		Relationship
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Name (first middle and last)		
Name (first, middle and last)		



Volunteer Application Form (continued)

Date	Applicant's signature
application and agree that any misleading information, cause for my dismissal. I voluntarily give Regional West from all liability or responsibility all persons, companies all current and future rules, regulations, policies, proce	vided on this application is correct. I authorize investigation of all matters contained in this false statements or omissions would be cause for rejection of my application, or would be Medical Center the right to make a thorough investigation of my past employment and release or corporations supplying such information. I agree and understand that I must comply with dures, practices and protocols of Regional West Health Services and that I am responsible alles, regulations policies, procedures, practices and protocols during the course of my
0 , 0 0	sing any patient confidential information, whether medical or personal data, will result in
Please read the following carefully before signing thi	s application form.