

Volunteer Application Form

Date of Application _____

How were you referred to Regional West's volunteer program?

Walk-in Internet web site Employee referral School Friend Other _____

Personal Information

Name (first, middle and last) _____

Current Address _____

Home Phone _____ Message/Cell Phone _____

Email Address _____ Date of Birth _____

When are you willing to volunteer? (check all that apply):
 Mornings Afternoons Evenings Weekends
 Weekly Alternate Weeks Substitute Anytime

Where would you like to volunteer? (check all that apply):
 North Plaza Information Desk South Plaza Information Desk
 Breast Health Center Main Information Desk
 Gift Shop Surgical Waiting
 Emergency Department

In case of emergency notify:

Name _____ Phone _____

Relationship _____

Education

Highest grade completed in high school (circle one): **9** **10** **11** **12**

College, University, Trade school, Military training Years attended and/or Major or
Name and location degree obtained subject

Skills

What other skills or additional training do you have that would be helpful when volunteering at Regional West?

Previous Employment / Volunteer Experience

List all jobs, including self-employment and military service. Start with the present or most recent employer.

Employer _____ Location _____

Position _____

Work Performed _____

Volunteer/Community Service _____

Position _____

Work Performed _____

Volunteer/Community Service _____

Position _____

Work Performed _____

Please read the following carefully before signing this application form

Regional West patients have the right to privacy. Disclosing any patient confidential information, whether medical or personal data, will result in disciplinary action (as described in Policy #205.0.06 on Disciplinary Action/Dismissal).

I certify by my signature that the information I have provided on this application is correct. I authorize investigation of all matters contained in this application and agree that any misleading information, false statements or omissions would be cause for rejection of my application, or would be cause for my dismissal. I voluntarily give Regional West Medical Center the right to make a thorough investigation of my past employment and release from all liability or responsibility all persons, companies or corporations supplying such information. I agree to abide by all policies, procedures, rules and regulations established by Regional West Medical Center.

Date _____

Applicant's signature _____