

Check list	Date	Check list	Date
<i>Criminal background check</i>		<i>Handbook/meals</i>	
<i>PPD (TB Test)</i>		<i>ID badge</i>	
<i>Confidentiality statement</i>		<i>Hospital Orientation</i>	

MCH VOLUNTEER APPLICATION

NAME _____ HOME/CELL PHONE _____

Birth Date _____ E-MAIL ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE ____ ZIP _____

EMERGENCY CONTACT* _____
NAME
RELATIONSHIP
PHONE

BUSINESS/LIFE EXPERIENCE _____

PRIOR VOLUNTEER EXPERIENCE _____

HOW DID YOU BECOME INTERESTED IN OUR VOLUNTEER PROGRAM? _____

INTEREST/SKILLS _____

AREAS OF VOLUNTEER SERVICE INTEREST _____

AVAILABILITY – PLEASE CIRCLE ALL AVAILABLE DAYS AND TIMES

<u>SUN</u>	<u>MON</u>	<u>TUE</u>	<u>WED</u>	<u>THU</u>	<u>FRI</u>	<u>SAT</u>
a.m.	a.m.	a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.	p.m.	p.m.
eve.	eve.	eve.	eve.	eve.	eve.	eve.

WHEN CAN YOU START? _____

➤ ***Please complete backside***

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO (PLEASE CIRCLE)

ADDITIONAL COMMENTS _____

Please choose your preferred contact method for mailings, newsletters, and updates:

Email Mail

Do you give permission for the Volunteer Coordinator to include your birthday (no year) and/or photo in the monthly newsletter and other marketing collateral for the hospital?

Yes No

SIGNATURE

DATE

*** You must provide emergency contact information to enroll as an MCH Volunteer.**

Updated 04/07/2015