

Skills You Wish to Share

- Data entry Copying Filing Statistics Bookkeeping Greeting People Calligraphy
 Knitting Quilting Tours Storytelling Reading Flower Arranging Gift Wrapping
 Baking Puppetry Clown Ministry Foreign Language _____

IN EMERGENCY NOTIFY

Name _____ Relationship _____ Company _____ City _____
 Telephone (w) (____) _____ (h) (____) _____ (cell) _____

Are you a United States citizen? yes no If not a U. S. citizen, does your alien status or visa prohibit your working in the U. S.? yes no Type of visa _____ Expiration date _____

EDUCATION Circle Last Yr Completed	School/College Name	Location	Diploma or Degree
High School 1 2 3 4			
College 1 2 3 4			
Grad School 1 2 3 4			

CERTIFICATION: I hereby certify that all of the information contained in this application is true and complete to the best of my knowledge. I realize that this information is confidential and may be used to determine my eligibility to volunteer. I authorize Takoma Hospital to make inquiry to my physician regarding the state of my health. I agree to submit to examinations which may include chest X-rays, appropriate tests and/or immunizations which may be necessary as part of my volunteer service. I hereby authorize my doctor(s) to furnish Takoma Regional Hospital information concerning my health. I also authorize the person(s) making tests or X-ray films to report the results to the hospital.

Believing that Takoma Regional Hospital has need of my services as a volunteer worker, I agree to hold as absolutely confidential all information which I may obtain directly or indirectly concerning patients, doctors, or personnel and I will not seek confidential information in regard to a patient.

Signature

Date

Interviewer

Date

TAKOMA REGIONAL HOSPITAL ADULT VOLUNTEER APPLICATION
401 Takoma Avenue (423) 798-8136 office (423) 636-2445 fax

Physical Completed _____

Photo i. d. _____

Application Date _____

Name _____
Last First Middle

E-mail _____

HOME ADDRESS

Address _____					
Street		City		State	Zip
Telephone _____		Cell _____			

CONFIDENTIAL PERSONAL INFORMATION

Birth _____			Social Security Number _____			Student _____	
Month	Day	Year				yes	no

Volunteer Preferences

Days Want to Work 1 2 3 4 5 Length of shift: Mornings 8-12 Afternoons 12-4 All Day
 Mon 8-12 12-4 Tues 8-12 12-4 Weds 8-12 12-4 Thurs 8-12 12-4 Fri 8-12 12-4

Prior Volunteer Experience Where else have you volunteered?

Dates: _____ Agency _____ Supervisor _____ Phone _____
Dates: _____ Agency _____ Supervisor _____ Phone _____

Do you have a family member who is employed here? _____

Have you ever served as a Volunteer with us before? Yes No Dates _____

Interests and Preferences

I prefer to work In the Gift Shop At the Reception Desk In an Office Setting No Preference Area _____

How did you hear about our program? _____

What do you envision yourself doing as a Volunteer? _____
