

**MIAMI COUNTY MEDICAL CENTER, INC.  
VOLUNTEER APPLICATION**

DATE \_\_\_\_\_ BIRTHDAY MONTH/DAY \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EDUCATION: HIGH SCHOOL, GRADE \_\_\_\_\_ OR COLLEGE, LEVEL \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOURS PER WEEK \_\_\_\_\_

YOUR DUTIES IN THIS JOB: \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS \_\_\_\_\_

SPECIAL SKILLS, TRAINING, INTERESTS OR HOBBIES (CRAFTS, MUSIC, DRAMA, ETC.) \_\_\_\_\_

REASON FOR APPLYING FOR VOLUNTEER WORK: \_\_\_\_\_

PREVIOUS OR PRESENT VOLUNTEER JOBS: \_\_\_\_\_

PLACEMENT PREFERENCE: PATIENT CONTACT \_\_\_\_\_ PUBLIC CONTACT \_\_\_\_\_ INDIRECT \_\_\_\_\_

WHAT KINDS OF VOLUNTEER POSITIONS ARE YOU INTERESTED IN AT THE PRESENT? \_\_\_\_\_

TIME YOU HAVE AVAILABLE FOR VOLUNTEER WORK: DAY \_\_\_\_\_ AM PM EVE

HOW DID YOU HEAR ABOUT VOLUNTEERING AT MIAMI COUNTY MEDICAL CENTER \_\_\_\_\_?

PERSON TO CALL IN EVENT OF EMERGENCY: SHIRT SIZE: \_\_\_\_\_ (s,m, etc.)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

REFERENCE:  
NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

Have you ever been convicted of, or pleaded guilty to any felon or criminal offenses \_\_\_yes\_\_\_no If yes, please state date of conviction, offenses for which convicted, court in which conviction or fine or sentence of imprisonment. A "yes" response will not automatically disqualify you from volunteering.

I understand that my application will be reviewed by the Volunteer Services Coordinator, screened by the VP/COO for final approval, and I will undergo a criminal background check.

SIGNATURE: \_\_\_\_\_

DEPARTMENT MANAGER: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ (Vice President/Operations)