

Adult  Teen  College

Date \_\_\_\_\_

**Personal Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Status  Single  Married  Divorced  Widowed/Widower

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Optional** - We encourage you to voluntarily provide the following, on racial background and ethnicity.

- Am Indian/Alaskan Native  Asian  African American  Caucasian  Hawaiian/Pacific Islander  Hispanic/Latino  
 Not Hispanic/ Latino  Other

Work Status  Employed  Unemployed  Retired  Student If you are a student are you  Full Time  Part Time

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Hobbies, Skills, Interests \_\_\_\_\_

Volunteer Experience *(include where and what you did)* \_\_\_\_\_

Have you ever been convicted of a felony *(A past conviction does not necessarily prevent you from being considered)* \_\_\_\_\_

If yes, please describe \_\_\_\_\_

**Teen / College Student**

School Name \_\_\_\_\_

Grade \_\_\_\_\_ Grad Year \_\_\_\_\_ College Major \_\_\_\_\_

Are you planning a medical career \_\_\_\_\_

Are you required to volunteer \_\_\_\_\_ How many hours \_\_\_\_\_

**Your signature indicates approval for us to check all references**

Volunteer Signature **OR** Signature Name of Volunteer's Legal Guardian (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

**Medical References**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Health Limitations \_\_\_\_\_

**Personal References**

Please list non family, such a minister, teacher, guidance counselor, or neighbor whom we may contact

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Do you know any WHS Employee ( ) Yes ( ) No If yes, who \_\_\_\_\_

**Volunteer Availability**

check **all** that apply

Morning	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Afternoon	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Evening	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

**BRING YOUR APPLICATION TO YOUR INTERVIEW or Mail it to:**

Volunteer Services, Washington Health System, 155 Wilson Avenue, Washington, Pa 15301

**FOR OFFICE USE ONLY**

Interview \_\_\_\_\_ Oriented \_\_\_\_\_ Dues Paid \_\_\_\_\_

Confidentiality Statement Signed \_\_\_\_\_ Uniform Ordered \_\_\_\_\_

Immunization Records to EHS \_\_\_\_\_ TB Test \_\_\_\_\_ Health Forms \_\_\_\_\_

Permission Form Returned \_\_\_\_\_ Photo ID \_\_\_\_\_

Assigned to \_\_\_\_\_ Training Form(s) sent \_\_\_\_\_

Computer Data entered \_\_\_\_\_ Volunteer ID # \_\_\_\_\_ Volunteer File created \_\_\_\_\_