

☐ 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 _____