

# Volunteer Application Form

Date of Application \_\_\_\_\_

## How were you referred to Regional West's volunteer program?

Walk-in     Internet web site     Employee referral     School     Friend     Other \_\_\_\_\_

## Personal Data

Name (first, middle and last) \_\_\_\_\_

Current Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Message/Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

When are you willing to work? (check all that apply):     Mornings     Afternoons     Evenings     Weekends  
 Anytime     Weekly     Alternate Weeks     Substitute

In case of emergency notify: Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## Education

Highest grade completed in high school (circle one):    **9**    **10**    **11**    **12**

College, University, Trade school, Military training    Years attended and/or    Major or  
Name and location    degree obtained    subject

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Skills

What other skills or additional training do you have that would be helpful when volunteering at Regional West?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Previous Employment / Volunteer Experience

List all jobs, including self-employment and military service. Start with the present or most recent employer.

Employer \_\_\_\_\_ Location \_\_\_\_\_

Position \_\_\_\_\_

Work Performed \_\_\_\_\_

Employer \_\_\_\_\_ Location \_\_\_\_\_

Position \_\_\_\_\_

Work Performed \_\_\_\_\_

Volunteer/Community Service \_\_\_\_\_

Position \_\_\_\_\_

Work Performed \_\_\_\_\_

Volunteer/Community Service \_\_\_\_\_

Position \_\_\_\_\_

Work Performed \_\_\_\_\_

## Please read the following carefully before signing this application form.

Regional West patients have the right to privacy. Disclosing any patient confidential information, whether medical or personal data, will result in disciplinary action (as described in Policy #205.0.06 on Disciplinary Action/Dismissal).

I certify by my signature that the information I have provided on this application is correct. I authorize investigation of all matters contained in this application and agree that any misleading information, false statements or omissions would be cause for rejection of my application, or would be cause for my dismissal. I voluntarily give Regional West Medical Center the right to make a thorough investigation of my past employment and release from all liability or responsibility all persons, companies or corporations supplying such information. I agree to abide by all policies, procedures, rules and regulations established by Regional West Medical Center.

Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_

