

Volunteer Application

Contract Information

| | | |
|---------------------------------------|----------------|----------------|
| Applicant Full Name (Last, First, MI) | | |
| Street Address | | |
| City | State | Zip Code |
| Contact Ph# | E-Mail Address | Date of Birth: |

Location and Availability

During which hours, days, and location are you available for volunteer assignments? (Check all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Weekly Mornings | <input type="checkbox"/> Weekend Mornings | Preferred Days: | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Weekday Afternoons | <input type="checkbox"/> Weekend Afternoons | <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri | <input type="checkbox"/> Doctors Office |
| <input type="checkbox"/> Weekday Evenings | <input type="checkbox"/> Weekend Evenings | <input type="checkbox"/> Sat <input type="checkbox"/> Sun | <input type="checkbox"/> Main Hospital |

Interests

Tell us in which areas you are interested in volunteering (check all that applies):

- | | | |
|---|---|---|
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Emergency Room Assistant | <input type="checkbox"/> Lunch Room Cook |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Administration Lunch Relay | <input type="checkbox"/> Lunch Room Cashier |
| <input type="checkbox"/> Waiting Room Attendant | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Office Clerical | <input type="checkbox"/> Doctors Office | <input type="checkbox"/> Juice Cart |
| <input type="checkbox"/> Information Desk | <input type="checkbox"/> Magazine & Mail | <input type="checkbox"/> Patient Escort |
| <input type="checkbox"/> Guest Relations | <input type="checkbox"/> Greeter | <input type="checkbox"/> Reading Angel's |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Immunization WHALE (new OBs) | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities.

Recommendation:

Name of Person who recommended you from DMH Auxiliary:

Applicant's Signature

Date