



Volunteer Application

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Active Student: (Circle) YES NO School Attending: \_\_\_\_\_

Area of Study: \_\_\_\_\_ Languages: \_\_\_\_\_

Are you wishing to volunteer in order to receive service learning hours or college credit? YES NO

If so, how many hours are needed/required to complete this requirement \_\_\_\_\_

**Work History:**

Current Employer Name:	Title:	Duties:
Past Employer Name:	Title:	Duties:

**Volunteer Experience:**

Current Organization Name:	Duties:
Past Organization Name:	Duties:

Hobbies and other Interests: \_\_\_\_\_

Additional Training or Skills: \_\_\_\_\_

**Would you be available to work for special projects and/or mail outs? YES NO**

**Your Schedule Availability: Please mark the days and hours you may be available (in general)**

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							



## Volunteer Application

How did you find out about us? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name	Phone	Relationship
------	-------	--------------

Reference One  
(Non-Family):

Name	Phone	Relationship
------	-------	--------------

Reference Two  
(Non-Family):

Name	Phone	Relationship
------	-------	--------------

If your name has changed in the past seven years please indicate your maiden or former married name(s)

Current Street Address	City/State	Zip Code	Length at This Address
------------------------	------------	----------	------------------------

Former Street Address	City/State	Zip Code	Length at This Address
-----------------------	------------	----------	------------------------

Former Street Address	City/State	Zip Code	Length at This Address
-----------------------	------------	----------	------------------------

*Madison Hospital is an Equal Opportunity Employer. As such, Madison Hospital pledges to take action to preclude discrimination in recruitment, training, discipline, and/or termination of volunteers because of race, color, creed, age, sex, national origin, disability, veteran status or other reason in accordance with all applicable state and federal statutes, executive orders, and regulations which prohibit discriminatory personnel practices. I certify that the information given on this application and in any other supporting documentation, resume, etc., is true and correct. I understand that any false information given; willful or negligent misrepresentation made; or failure to disclose any requested information during the course of application to volunteer at Madison Hospital may result in termination.*

*I hereby authorize Madison Hospital and/or its agents to make an independent investigation of my background, references, character, professional competence, ethics, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained in the application package and/or obtaining other information which may be material to my volunteering at Madison Hospital. I hereby authorize my prior employers (for both paid and unpaid work), to release any requested information from my personnel files. I release Madison Hospital and/or its agents and any person or entity, which provides information pursuant to this authorization from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.*

*The Volunteer Service Department is not obligated to provide a placement, nor are you obligated to accept the position offered. I understand that Madison Hospital reserves the right to make any scheduling changes at any time to include shift, hours and duties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Madison Hospital Volunteer Services Use Only**

**Notes:**