



Volunteer Application

Name: _____ Address: _____
City, State Zip code: _____
Phone: _____ Date of Birth: _____ Social Security # _____
Spouse's first name _____ In case of emergency, notify _____
Name of Physician _____

Check Educational Background:

High School _____ College _____ Business School _____ Degree _____ Other _____
Have you ever been a volunteer? _____ If so, where? _____
Other professional or business experience? _____

What are your hobbies and talents? _____

What are your other responsibilities? (small children, job, other volunteer responsibilities) _____

Do you have a preference as to the area of volunteer service placement? _____

Our usual shifts are from 9:00 a.m. to 1:00 p.m., from 1:00 p.m. to 5:00 p.m., and from 5:00 p.m. to 8:00p.m. The volunteer usually works one shift of four hours per week. What days and hours are you available for regular service? _____

References:

(These should be a member of the WGHS Auxiliary, a Physician, clergy or other respected member of the community)

1. _____ Address _____
2. _____ Address _____

Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes _____ No _____
If yes, please give all of the facts regarding your conviction. Note: A conviction will not automatically disqualify you from a placement. _____

West Georgia Health System is committed to maintaining a healthy environment and is a tobacco/smokefree facility. Policy prohibits use of tobacco in any area of the Health System.

Your signature indicates your approval for us to check references and contact your physician regarding your physical and emotional health. WGHS is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to race, color, religion, sex, citizenship, national origin, age, or disability.

Signature of Applicant Date