

- St. Gabriel's Hospital
St. Otto's Care Center
St. Camillus Place
Alverna Apartments

NAME: (first/middle/last) (maiden) DATE: (month/day/year)

HOME ADDRESS: (street/city/state/zip)

HOME PHONE: CELL PHONE:

EMAIL: BIRTH DATE: (month/day/year)

Note: If less than 16 years of age, please disregard next (3) questions.

SOCIAL SECURITY NUMBER: - -

DRIVER'S LICENSE NUMBER OR STATE I.D. NUMBER:

COUNTIES LIVED IN DURING PAST FIVE YEARS:

Name and number of contact person in case of emergency:

(name/phone)

Is there any health related conditions (physical or mental) that would be considered in your volunteer placement?

REFERENCES: (Please list 2 references, 1 of which is from a prior job or volunteer experience. These references may be contacted either by phone or by mail).

Table with 3 columns: Name, Phone Number, How do you know him/her. Rows 1 and 2.

How often do you want to volunteer (number of hours per week)?

Days preferred to volunteer (weekdays/weekends) Hours preferred (days/nights)

Who referred you to us or how did you find out about our Volunteer Department?

Have you ever been convicted of a felony, misdemeanor, or any other crime?

No

Yes (please explain) _____

Have you ever been found by any court to have sexually abused or exploited any minor or vulnerable adult or to have physically abused any minor or vulnerable adult?

No

Yes (please explain) _____

Current/past volunteer duties _____

Current/past paid employment _____

Education and Special Training _____

I certify that the above information is true and current. I authorize contact of listed references. I understand that misrepresentation or omission of facts requested is cause for non-acceptance as a volunteer and that the Volunteer Department is not obligated to accept me as a volunteer if an appropriate volunteer position is not available. If selected as a volunteer, I agree to abide by the rules and regulations of Unity Family Healthcare and to fulfill the volunteer responsibilities to the best of my ability.

(signature)

(date)

(parent/guardian signature - required if under 18 years of age)

(date)