

HARRISON COUNTY HOSPITAL VOLUNTEER APPLICATION

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____ City, State, Zip _____

E-MAIL ADDRESS _____

TELEPHONE: _____

DATE OF BIRTH: _____ LAST GRADE COMPLETED: 9 10 11 12 college

SHIRT/SMOCK SIZE FOR VOLUNTEERS: _____

PRIOR VOLUNTEER EXPERIENCE: _____

SKILLS OR SPECIAL INTERESTS: _____

DO YOU SPEAK A FOREIGN LANGUAGE? _____

WHERE DO YOU WANT TO VOLUNTEER? _____

DAYS AND HOURS AVAILABLE: _____

IS THIS VOLUNTEER EXPERIENCE A REQUIREMENT FOR A CLASS, SERVICE ORGANIZATION,

OR ORDERED BY THE COURT? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN SPEEDING OR PARKING TICKETS IN INDIANA OR ANY OTHER STATE? _____

If yes, please explain _____

The facts as stated on this application are true and correct. I understand that, if employed as a volunteer, false statement on this application will result in my immediate dismissal. Additionally, I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.

PERSON TO CALL IN THE EVENT OF AN EMERGENCY:

(Name) (Telephone)

(Signature of Volunteer) (Date)

Please return to Sheryl Voelker, Harrison County Hospital – 1141 Hospital Drive, Corydon, IN 47112.