



Volunteer Application

Name: _____ Date: _____
(Last) (First) (Middle)

Address _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ Home Phone _____ Cell _____ E mail _____

Contact in case of emergency: _____ relation _____ phone _____

Present employment (or most recent) _____ (dates) _____

Work Phone: _____ Hours/schedule _____ Type of work _____

Students: Name of School _____ Grade (circle) 9 10 11 12 Graduation year _____

Career interest _____

Volunteer Interest _____

Interests, Skills, School Activities, Hobbies _____

Volunteer Experience _____

Why are you interested at volunteering at Mercer Health? _____

Family Physician: _____ Phone: _____

Have you been convicted of a felony? ___ Yes ___ no, if yes, please explain _____

Two references are required. (Other than family.)

1. Name _____ Phone _____
 Address: _____ City _____ State _____ Zip _____
 How long have you known them & in what capacity? _____

2. Name: _____ Phone _____
 Address: _____ City _____ State _____ Zip _____
 How long have you known them & in what capacity? _____

Skill or interest you would like to share – please check all that apply: Accounting ___ Art/drawing ___ Calculator ___ Cash Register ___ Computer ___ Copier ___ Eucharistic Minister ___ Filing ___ Flower Arranging ___ Mailings ___ Nursing/Patient c care ___ Organization ___ Photography ___ Public speaking ___ Reading to adults/children ___ Retail ___ Sales ___ Sewing ___ Teaching ___ Telephone ___ Typing ___ Walking ___

I understand that if I am accepted as a volunteer it would be under an introductory period; that if in the judgment of the institution, I prove unsatisfactory during this period, the volunteer opportunity would be terminated. I also understand that my volunteering at Mercer Health is contingent upon my satisfactory completion of all training requirements. Volunteer opportunities are without regard to religion, creed, national origin or sex.

Applicant's Signature: _____ Date _____

Your signature indicates your approval for a required background check, your consent for us to contact your physician and your permission to receive the required TB Test.

Parent's Signature: _____ Date _____

(Required if applicant is under 18)

Your signature indicates your approval for your child's participation in the teen volunteer program, a required background check, your consent for us to contact your child's physician and your permission for your son or daughter to receive the required TB Test.