



Adult Volunteer Application

Name _____ Birth Month and Day _____

Mailing Address _____ City/State/Zip _____

Primary Phone _____ Hm Cell Secondary Phone _____ Hm Cell

Male () Female () E-mail _____

Emergency Contact _____ Relationship to you _____

Primary Phone _____ Hm Cell Wk Secondary Phone _____ Hm Cell Wk

Adult References (exclude relatives):

Name _____ Phone No. _____ E-mail _____

Address _____ City/State/Zip _____

Name _____ Phone No. _____ E-mail _____

Address _____ City/State/Zip _____

Previous work and/or volunteer experience _____

Education, training skills and interests _____

How did you discover our volunteer program? _____

What interests you and appeals to you about volunteering in a health care setting? _____

What do you hope to achieve through your volunteer experience? _____

Service areas that interest you Patient Area Guest Services Clerical Gift Shop Crafts Special Programs
 Surgical Waiting Room Compassionate Companion

Please indicate your availability: Monday Tuesday Wednesday Thursday Friday AM PM

Upon acceptance to the volunteer program, I agree to give regular and dependable service to Peterson Regional Medical Center. I understand that I am willingly giving my time and talents to Peterson Regional Medical Center, without monetary compensation by the hospital.

Signature _____ Date _____

The application process includes a personal interview, a criminal background check, checking of references, completing a TB screening and attending a general orientation. Upon acceptance, you will receive departmental orientation and training to enable you to perform your volunteer duties. Volunteers are expected to comply with hospital and department policies and guidelines.