

ADULT VOLUNTEER APPLICATION

PLEASE PRINT OR TYPE FULL LEGAL NAME

Circle: Mr. Miss Ms. Mrs.

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____ (Ext) _____

E-mail address: _____

Birthday: (Month) _____ (Day) _____

EDUCATION

	School, City, State/Country	Year Graduated	Major or Degree
High School			
College/University			
Post Graduate			
Other:			

For Office Use

Initial contact: _____

Application Received: _____

Interview: _____

By: _____

Start date: _____

Assign: _____

Scheduled day/shift _____

AD ST

GC CS

Comments:

Employer: _____ Occupation: _____

Summarize job duties: _____

Retired (Former Employer): _____ Occupation: _____

Summarize job duties: _____

Current and previous volunteer experience: _____

Current club/organization memberships: _____

Medical training: _____

Skills, interests, and hobbies: _____

EMERGENCY NOTIFICATION:

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____ **Ext.** _____

Physician: _____ **Physician's Phone:** _____

Have you ever been convicted of a crime? _____yes _____No

If yes, enter dates and names of convictions: _____

Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.

VOLUNTEER REFERRAL AND SCHEDULING QUESTIONS:

How did you hear about our program? (Please Circle): Referral Advertisement School Friend Other (Specify):

Volunteer areas that interest you: _____

Days/Times: For each day, circle the period(s) you are available to volunteer for FRH (M=Morning; A= Afternoon; E=Evening).

Monday	Tuesday	Wednesday	Thursday	Fri day	Saturday	Sunday
M A E	M A E	M A E	M A E	M A E	M A E	M A E

Scheduling Comments: _____

REFERENCES:

Name and Address: _____ **Phone Number:** _____

Name and Address: _____ **Phone Number:** _____

Please mail this completed and signed application back to Volunteer Services at the above noted address.

Fairview is committed to work force diversity and does not discriminate against qualified persons on the basis of race, color, religion, sex, national origin, age, disability, veteran status or other factors identified and protected by federal, state or local legislation. This application will be active for four months, after that time a new application or resume may be required for future consideration.

Date: _____ **Signature:** _____