



**Application for Volunteer Service**

Referred by: \_\_\_\_\_

1. Name: (Mr. Mrs. Miss) \_\_\_\_\_  
(last name) (first name) (middle initial)

2. Date of birth: \_\_\_\_\_ 3. Home phone: \_\_\_\_\_

4. Address: \_\_\_\_\_  
(Street, City, State and Zip Code)

5. Email: \_\_\_\_\_

6. Present or previous occupation: \_\_\_\_\_ 7. Work phone: \_\_\_\_\_  
(if applicable)

8. Prior service or work experience: \_\_\_\_\_

9. Do you participate in other community volunteer activities?: \_\_\_\_\_

10. Please list the name and phone number of someone we can call for a reference: \_\_\_\_\_

11. Please note any skills or special interests you have that you would be willing to share on an on-call basis:

- \_\_\_ Computer/Data Entry                      \_\_\_ Office Staff Relief                      \_\_\_ Video Taping/Photography
- \_\_\_ Special Projects                              \_\_\_ Other

**(PLEASE NOTE: A background check is required of all new volunteers.)**

12. Days available: \_\_\_\_\_

Hours available: \_\_\_\_\_

13. Person to call in the event of an emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I realize my service as a volunteer is a valuable contribution that directly or indirectly affects patient care at Hannibal Clinic Operations LLC. I understand the importance of attending the general orientation course and will make efforts to attend reorientation opportunities. I will keep all patient information confidential. I understand that a background check will be processed.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	ORIENTATION: _____ <small>MO/YR</small> BEGAN SERVICE: _____ <small>MO/YR</small> RECEIVED NAME TAG: _____ <small>MO/YR</small>
	AREA ASSIGNED: _____
	COORDINATOR: _____      COMPUTER: _____      TYPE: _____