

Application
Mark Reed Health Care District
Volunteers

Personal Data

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email _____ Are you at least 18? ___ Yes ___ No
Birthday (month/day only) _____

Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ No
(A "yes" answer to this question will not necessarily bar the applicant from volunteering)

In case of emergency please notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

REFERENCE INFORMATION

Please provide three professional or personal references who are not a family member:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

EDUCATION & EMPLOYMENT

High School _____ Graduated ___ Yes ___ No

College _____ Graduated ___ Yes ___ No

Degree(s) _____ Professional License(s) held: _____

Current or last place of employment: _____

City/State _____ Phone: _____

Job Title _____ Dates of employment _____

Supervisors Name _____ May we contact? ___ Yes ___ No

Job Duties _____

Other Special skills and/or hobbies _____

Past or current volunteer experience _____

Dates _____

POSITION PREFERENCE

Please list the position(s) that interest you _____

What interests you about this (these) position(s)? _____

What skills do you have that would make you a good candidate for the above position?

APPLICATION QUESTIONNAIRE

1. Why do you want to be a volunteer at our facility?

2. Are you willing to make a 6 month commitment? ___ Yes ___ No

3. What days are you available? _____ What hours? _____

CERTIFICATION, AUTHORIZATION & RELEASE

I certify that the information given by me to Mark Reed Health Care District (MRHD) is true and complete to the best of my knowledge. I understand that, if I am accepted as a hospital district volunteer and it is discovered that I gave false, incomplete or if I omit information, it may result in my immediate dismissal. I also understand that if I am accepted as a volunteer, my volunteer position is conditioned on your receipt of a satisfactory report from the Washington State Patrol, according to the position for which I am applying.

I authorize MRHD to solicit information regarding my character, general reputation, previous employment and similar background information, and to contact any and all reference I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If I am accepted as a volunteer, I release MRHD from any liability for future reference it may provide regarding my volunteer history at MRHD.

Applicants Signature _____ Date _____

FOR OFFICE USE ONLY:

Interviewed by _____ Date _____

Assigned position _____ Department _____

Orientation Date _____

Department Training Date _____

Comments

