



# VOLUNTEER SERVICES

## Volunteer Application

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

Adult program

Student program

### Personal Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Cell Work

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Education/Experience

Currently employed? If yes, present occupation and employer:

\_\_\_\_\_

Please list any special skills, talents or interests:

\_\_\_\_\_

Current student? If yes, where:

Full time  Part time

Do you speak more than one language? If yes, please list:

\_\_\_\_\_

Education/Special training/Certifications:

\_\_\_\_\_

Have you volunteered before? If yes, where and position experience:

\_\_\_\_\_

\_\_\_\_\_

## References (not a family member)

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Name	Phone	Relationship
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## Emergency Contact

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Name	Phone	Relationship
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## Volunteer Preferences

What would your dream volunteer position look like?

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Do you know what area you'd like to volunteer in? If yes, where?

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**Do you prefer:**  Patient contact  non-patient contact  Clerical  Gift Shop  Unknown

Why do you want to volunteer at MCMC?

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## Commitment and Signature

*I hereby agree to abide by MCMC's rules and regulations, and to uphold patient confidentiality as I fulfill my role as a volunteer. I certify that the above information is true, correct, and complete.*

### Applicant Signature:

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

### For applicants under 18 years of age:

*I understand my child has made a commitment to the Volunteer Services Department of Mid-Columbia Medical Center. I understand that my child must have two TB tests completed within 30 days of starting to volunteer as indicated on the "Volunteer Check Sheet." Also my child will need a COVID vaccination. In the event I cannot be reached, I give permission for necessary emergency treatment to be given to my child in case of illness or injury.*

### Parent/Legal Guardian Signature:

Print: \_\_\_\_\_  
Name Primary Phone #

Sign: \_\_\_\_\_