



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Full Name	
Street Address	
City, State, Zip	
Email	Best Telephone
Social Security / /	Date of Birth / /
Have you ever been employed by NMC Health? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Are you related to an NMC Health employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If you, please explain.	
Do you have emotional and/or physical conditions that may affect your ability to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Have you ever been convicted of a crime, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Are you subject to a restraining order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
Emergency Contact Full Name	
Emergency Contact Street Address	
Emergency Contact City, State, Zip	
Emergency Contact Telephone	
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch of service?	

EMPLOYMENT STATUS – CHECK ALL THAT APPLY

<input type="checkbox"/>	I am employed full time – if so, where?
<input type="checkbox"/>	I am employed part time – if so, where?
<input type="checkbox"/>	I am retired – if so, from where?
<input type="checkbox"/>	I volunteer elsewhere – if so, where?
<input type="checkbox"/>	Other

VOLUNTEER EXPERIENCE

Organization or Agency	Start/End Dates	Description of Service

WORK EXPERIENCE

Company	Start/End Dates	Position/Job

EDUCATION AND CERTIFICATIONS

List any education or certifications that you have earned.

SPECIAL SKILLS OR HOBBIES

List any special skills or hobbies that you enjoy (*clerical, mechanical, music, food, nursing, counseling, foreign language, etc.*)

REFERENCES

Name	Contact information (<i>email, phone</i>)	Relationship

QUESTIONS

Briefly state why you wish to volunteer at NMC Health.

Have you had any experience working with persons who are ill or at end-of-life? ☐ Yes ☐ No
If yes, please explain.

Are you able to provide your own transportation to your volunteer duty? ☐ Yes ☐ No

Please mark items that best describe you and your situation.

- ☐ I prefer to volunteer weekly with a regular schedule
☐ I prefer to volunteer monthly with a regular schedule
☐ I prefer to volunteer on an episodic (from time to time) basis
☐ I am part of a group that would like to volunteer
☐ Other _____

REFERRAL

I would like you to contact this person about volunteering at NMC Health.

Name _____ Relationship _____

Telephone _____ Email _____

Why do you believe that this person be a good volunteer for NMC Health?

YOUR VOLUNTEER EXPERIENCE

Please mark any areas of interest.

<input type="checkbox"/>	Administrative and Clerical Duties
<input type="checkbox"/>	Surgery Waiting, Front Desk – meet the public
<input type="checkbox"/>	Patient Care and Family Support
<input type="checkbox"/>	Special Skills (music, massage, hair, fingernails, editing, photography, etc.)
<input type="checkbox"/>	Projects (holidays, events, fundraising, knitting, crocheting, sewing, art, etc.)
<input type="checkbox"/>	Other (please explain)

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

I certify the information in this application is current to the best of my knowledge. I understand falsification of fact or significant omission is grounds for disqualification from further consideration, or for dismissal as a NMC Health volunteer. I authorize NMC Health to contact former employers, organizations, agencies, schools, references to verify my information.

I agree to abide by the rules, regulations, policies and procedures of NMC Health. I understand that either NMC Health or I may terminate the volunteer relationship at any time with or without cause and with or without notice.

I understand that I may be required to submit and successfully complete a medical examination and tests at the expense of NMC Health as a condition of volunteering.

I understand that NMC Health is a smoke-free environment and volunteers are not permitted to smoke in and outside the facility.

I understand that NMC Health will conduct a pre-volunteer criminal background check. I hereby acknowledge this and authorize all parties and organizations to provide this information to NMC Health requests relative to the background check process.

*Attendance at Volunteer Base Camp One and Two (volunteer orientation and training) does not obligate you to accept a volunteer assignment. Following training, you will be interviewed to discuss your options for volunteer service. Thank you for considering a volunteer opportunity with **NMC Health**!*

Authorized Signature of Applicant

Date

Volunteer Services Staff Signature

YOUR PATHWAY TO VOLUNTEERING

