

Volunteer

A P P L I C A T I O N

Adult

Name _____

College Attending _____

Date _____

Major _____ Graduation year _____

Address City State Zip _____

Volunteer experience _____

DOB _____ Home Phone _____

Work experience _____

Email address _____

Family physician _____

Emergency contact _____

Relationship _____

Phone _____

Phone # _____

Please provide a reference.

Employer name and phone number _____

Name _____

Phone _____

Please provide any other information you would like to share. _____

I, the undersigned, do hereby consent to the use by Weirton Medical Center of my image (the photograph or video to be used in advertising, publicity or any other purpose on behalf of the hospital. I warrant I have the full right and authority to grant this consent.

In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by WVU Medicine Weirton Medical Center. I also waived any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it and that it is binding on me, my heirs and assigns.

I warrant that I am 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

Name (Print) _____ Signature _____ Date _____

Please initial that the information provided in the application is accurate and correct to the best of my knowledge. _____



WEIRTON MEDICAL CENTER