



ADULT VOLUNTEER APPLICATION

Please Print:

Date: _____ Social Security Number _____ - _____ - _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Phone Number _____ - _____ - _____ How long at this address _____

Birthdate _____ Email _____

How did you hear about us? _____

Have you worked here before? _____

Personal References

	Name	Street	City/State	Phone#	Yrs. Known
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Education

Highest grade completed _____ GED _____ College _____

Have you ever been convicted of a misdemeanor or felony? (Please include major traffic violations) Yes _____ NO _____

Explain: _____

What is your reason for wanting to become a volunteer? _____

Previous Work Experience: (Most recent position)

Employer _____ Address _____

Job Title _____ Dates of Employment _____

Reason for leaving _____

Have you ever been dismissed or forced to resign from any job? Yes _____ No _____

If Yes Explain: _____

Previous volunteer experience:

Where _____ How long _____

In case of emergency notify: _____

Time Preference:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
Do you prefer: Morning _____ Afternoon _____

Applicant....Please read carefully before signing....

I certify that the information contained in this application is correct and complete to the best of my knowledge. Final placement is contingent upon satisfactory completion of all pre-placement procedures including interview, verification of references, TB test, and orientation. I realize that misrepresentation of facts will be cause for rejection of this application. I agree to abide by the policies, practices, rules and regulations of Reynolds Memorial Hospital. I am fully aware that this application is for volunteer services and is not a contract for employment.

Signature of Applicant _____ **Date** _____

The department of Volunteer Services is not obligated to provide volunteer placement, nor are you obligated to accept the position if offered.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sex, or disability.

Return application to:

Ronda Francis
WVU Reynolds Memorial Hospital
800 Wheeling Avenue
Glen Dale, WV 26038

Email to: ronda.francis@wvumedicine.org

or call 304-221-4590 to make an appointment to drop application at the hospital