



ADULT VOLUNTEER APPLICATION

Please Print:

Date: _____ Social Security Number: _____ - _____ - _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Phone Number: _____ - _____ - _____ How long at current residence: _____

Birthdate: _____ Email: _____

Emergency Contact –

Name: _____
Last First

Phone Number: _____ - _____ - _____ Relationship: _____

How did you hear about us? _____

Have you ever worked here previously? YES NO If yes, when? _____

Education –

Highest grade completed: _____ GED _____ College _____

Previous Volunteer Experience –

Where: _____ How Long: _____

Why do you want to 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:

Have you ever been convicted of a misdemeanor or felony?

YES NO

If yes, explain:

Day / Time Preference –

_____ Monday	_____ Morning
_____ Tuesday	_____ 8am – 12pm
_____ Wednesday	_____ Afternoon
_____ Thursday	_____ 12pm – 4pm
_____ Friday	

References –

Name: _____

Address: _____

Phone Number: _____ - _____ - _____ **Email:** _____

Name: _____

Address: _____

Phone Number: _____ - _____ - _____ **Email:** _____

Name: _____

Address: _____

Phone Number: _____ - _____ - _____ **Email:** _____

AUTHORIZATION AND RELEASE OF INFORMATION FOR BACKGROUND CHECK PURPOSES ONLY

I certify that the information 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 authorize WVU Medicine Wetzel County Hospital to obtain a criminal background check, and/or during my volunteer service, if selected, so as to update, renew, or extend my volunteer service. I acknowledge and agree that this release and authorization shall remain valid and in effect during the term of my service as a volunteer.

Date: _____

Print Name: _____

Signature: _____