

ADULT VOLUNTEER APPLICATION

Date: Social Security Number:	Please Print:		
Current Address: Street City State Zip Phone Number:		Social Security Number	r:
Current Address: Street City State Zip Phone Number:			
Current Address: Street City State Zip Phone Number: Birthdate: Email: Emergency Contact - Name: Last First Phone Number: Relationship: How did you hear about us? Have you ever worked here previously? First First College Previous Volunteer Experience -	Name:	First	 Middle
Phone Number: How long at current residence: Birthdate: Email: Emergency Contact Relationship: How did you hear about us? If yes, when? Education GED College Previous Volunteer Experience -	Lust	11130	madic
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? If yes, when? Education - Highest grade completed: GED College			
Birthdate: Email: Emergency Contact Name:	Street	City	State Zip
Birthdate: Email: Emergency Contact Name:	Phone Number:	How long at cu	rrent residence:
Emergency Contact – Name: Last First Phone Number: - Relationship: How did you hear about us? Have you ever worked here previously? Education – Highest grade completed: GED College Previous Volunteer Experience –			
Name: Last First Phone Number: Relationship: How did you hear about us? Have you ever worked here previously?	Birthdate:	Email:	
Name: Last First Phone Number: Relationship: How did you hear about us? Have you ever worked here previously?			
Phone Number: Relationship: How did you hear about us? Have you ever worked here previously?			
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 –			 First
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 –			
Have you ever worked here previously?	Phone Number:	Relationship:	
Have you ever worked here previously?			
Have you ever worked here previously?			
Have you ever worked here previously?	How did you hear about us?		
Education – Highest grade completed: GED College Previous Volunteer Experience –	Have you ever worked here previo		when?
Highest grade completed: GED College Previous Volunteer Experience –	nave you ever worked here previo	daiy: ii yes,	wiicii:
Highest grade completed: GED College Previous Volunteer Experience –	Education		
Previous Volunteer Experience –		GED	College
•	Tilgliest grade completed.	GLD	College
Where: How Long:	Previous Volunteer Experience –		
	Where:	How Lor	ng:
Why do you want to volunteer?	Why do you want to volunteer?		

Employer	Address
Job Title	Dates of Employment
Reason for leaving	
Have you ever been dismisse	ed or forced to resign from any job?
If yes, explain:	
Have you ever been convicte	ed of a misdemeanor or felony?
If yes, explain:	
Day / Time Preference –	
Monday	Morning
Tuesday Wednesday	8am – 12pm Afternoon
Wednesday Thursday	12pm – 4pm
Friday	
References –	
Name:	
	Email:
Name:	
	Email:
Name:	
	- 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:		