



For Office Use Only:
 Application Date: _____
 Interview Date: _____
 Orientation Date: _____
 Background Check: _____

WHEELING HOSPITAL JUNIOR VOLUNTEER APPLICATION

Last Name:	First Name:	Middle Name:
Address:	City:	State: Zip:
Home Phone:	Cell Phone:	Social Security Number: _____-_____-_____
E-Mail Address:	Date of Birth: MM/DD/YY _____/_____/_____	

Contact in Case of Emergency

Name:	Relationship:
Home Phone:	Cell Phone: Work Phone:

Educational and Work Experience

Name of School:	Circle Last Grade Completed:
Graduation Year:	High School: 9 10 11 12
Current Employer:	Career Interest:

Preferences

Check the appropriate boxes for availability:

<input type="radio"/> Helping Patients <input type="radio"/> Retail <input type="radio"/> Computer Organization <input type="radio"/> Office		Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	Morning							
	Afternoon							
	Evening							

Please circle your volunteer preference: Summer Only Year Round

Are you required to Volunteer? _____ Yes _____ No
 If yes, explain the details:

How did you hear about our Volunteer Program?

Have you ever been convicted of, plead guilty, no contest or nolo contendere to a misdemeanor or felony?

_____ Yes _____ No

Please be aware that a criminal conviction will not necessarily be a bar to volunteering. Failure to honestly and completely answer this question will result in discontinued consideration of the volunteer program application.

If YES, please indicate:

County: _____ State: _____ Date: _____ where convicted.

Nature of offense committed and the sentence or penalty imposed on you:

I certify that the information given on this application is true and complete to the best of my knowledge. I authorize the organization or person named in this application to give any information regarding my employment, education or records. I release said organizations or persons from all liability for any damage for issuing this information.

I understand that falsification or misinformation or omission of information herein may be cause for denial of or termination of volunteer service. I further authorize a background check with the appropriate agencies (i.e., consumer reporting agency, federal exclusion lists, etc.).

This organization is not obligated to provide a volunteer placement nor are you obligated to accept the volunteer position offered.

Personal or Professional References (Exclude Relatives)

Name:	Phone:		
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Address:	City:	State:	Zip Code:
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Name:	Phone:		
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Address:	City:	State:	Zip Code:
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Your Signature Indicates Your Approval For Reference Checks

Applicant's Signature:

Parent's Signature:

Wheeling Hospital Inc. believes in equal opportunity and does not discriminate against any individual in accordance with the requirements of local, state and federal law.

Please return to: Wheeling Hospital
Department of Volunteer Services
One Medical Park
Wheeling WV 26003

Telephone: 304-243-3303