

MAYERS MEMORIAL HOSPITAL
VOLUNTEER PROGRAM APPLICATION FORM

Name: <i>First</i>	<i>Last:</i>
Social Security #:	
Telephone: <i>Home</i>	<i>Work</i>
Home address:	Emergency contact:
	<i>Name:</i>
E-mail:	<i>Phone:</i>
Date of birth:	
MEDICAL INFORMATION (All information will be kept confidential and is only for purposes of safety. All candidates will be given equal consideration):	
Do you have any physical disabilities or health problems (including allergies) or special needs that our staff should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please give details:
	Medications currently taking:
In case of emergency:	
Doctor:	Telephone:
Do you have any special skills (play piano, artist, photography)? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please give details:
Work history/experience:	
Continued on back	

Do you have any previous volunteer experience? Please describe:	
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I hereby give my consent to participate in Mayers Memorial Hospital's Volunteer Program. This includes a tuberculin skin test (or chest x-ray if necessary) and background check. I will assume responsibility for transportation to and from my volunteer service area.

Signature: _____

Date: _____