

Please return to:  
Activities Director



CAPITAL HEALTH  
CARE NETWORK

# Volunteer Application

(Please Print Clearly)

**Confidential**

## Personal Information

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Last) (First) (Middle)

Present Address \_\_\_\_\_ Phone # \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Email Address \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone # \_\_\_\_\_  
(If different from present Address)  
(Street) (City) (State) (Zip Code)

**Do you work?** \_\_\_\_\_ **Retired?** \_\_\_\_\_ **OR, Are you a student?** \_\_\_\_\_

PLACE of work and Title (or former work you did.) \_\_\_\_\_

School and Grade Level \_\_\_\_\_

Work Phone (with area code) \_\_\_\_\_

In case of an **EMERGENCY**, please contact \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone (with area code) \_\_\_\_\_

Work phone (with area code) \_\_\_\_\_

**Please explain why you choose to volunteer at \_\_\_\_\_ (facility name).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any hobbies or interests?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are there any special skills, experiences or qualifications which you feel would enhance your volunteer application?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever volunteered before?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If yes, please describe briefly what you did and for what organizations: \_\_\_\_\_

**Have you ever been convicted of or pleaded guilty to a crime?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If yes, please explain. Convictions are not an absolute bar to volunteering, but will be considered in relation to position sought. (Do not include those convictions which have been expunged or sealed by a court.)

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under the age of 18)

**Personal/ Professional References (3) - Exclude relatives and give complete addresses.**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

AVAIABILITY- please list all days/times you are available to volunteer.

Days:  Saturday  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday

Available to start: \_\_\_\_\_

Times:  Morning (9- 11AM)  Afternoon (1-4PM)  Evenings (5-7PM) Specify Hours \_\_\_\_\_

Are you available throughout the year? \_\_\_\_\_ if no, when are you not available? \_\_\_\_\_