

Rev. 10/2017

Qualified applicants receive consideration for volunteering without discrimination based on age, color, creed, marital status, national origin, race, sex, or the presence of any sensory, physical, or mental disability, veterans status, or any other basis prohibited by federal, state, or local laws.

**INSTRUCTIONS:** Please complete all information requested on this form. Please type or print clearly. If you wish to supply additional education or work history information, attach a separate sheet. Submitting an application for volunteering does not guarantee an interview.

**PERSONAL DATA**

**Today's Date:** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I. Social Security Number Birth Date

Address \_\_\_\_\_  
Street City/State Zip Home Phone

Mailing Address: \_\_\_\_\_

Are you at least 16 years of age?  Yes  No Message Phone: \_\_\_\_\_

How did you learn about volunteering here?  Ad  Website  Walk in  Assistance Program

Another Volunteer or employee, Name of that person \_\_\_\_\_

Have you any relatives employed/volunteering here?  Yes  No Who \_\_\_\_\_

Have you previously worked or volunteered here?  Yes  No Date \_\_\_\_\_

**Proof of identity and eligibility to volunteer will be required if you are accepted into program.**

Were you ever discharged for cause, dismissed during probation or have you resigned under pressure or unfavorable circumstances?  Yes  No if yes, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense or been released from prison?  Yes  No  
If yes, please explain: \_\_\_\_\_

## EDUCATION INFORMATION

Type of School	Name/Location of School	Dates Attended	Academic Major Skill or Trade	Graduated Yes / No	Degree Earned
High School					
College					
Other job related education or Military training					

## SKILLS / ABILITIES / TRAINING

List skills, training or experience that you believe will be helpful to you in volunteering:

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List any business machines including types of software you have competence using:

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## PERSONAL REFERENCES (other than relatives)

Name	Address	Phone (work/home/cell)	# of years known
1.			
2.			

## EMPLOYMENT HISTORY

List most recent employer first, include any job-related military service assignments, other volunteer activities, part-time jobs, former jobs and businesses you own, for at least 8 years. Attach additional sheets if necessary.

Present or last employer & phone	Dates employed	Name of Supervisor
	From                      To	
	Job title	Reason for leaving
Previous employer & phone	Dates employed	Name of Supervisor
	From                      To	
	Job title	Reason for leaving
Previous employer & phone	Dates employed	Name of Supervisor
	From                      To	
	Job title	Reason for leaving

Did you work for any of the above employers under a different name?

Which employer: \_\_\_\_\_ What name: \_\_\_\_\_

## ADDITIONAL INFORMATION

Occasionally, the application blanks make it difficult to communicate exactly what you want to say about yourself. To assist you in helping us know you and what you can contribute to our organization by volunteering please use the space below.

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PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I agree that if I am accepted as a volunteer and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I understand that my volunteering will be contingent upon proof of citizenship or alien registration, and upon the checking of reference.

As a volunteer, I agree to conform to the rules and regulations of Grays Harbor Community Hospital. I understand that my volunteering can be terminated with or without notice at anytime, at the option of either the Hospital or myself.

I consent and authorize the Hospital and its personnel to investigate all information concerning my pervious employment, education and background including records of law enforcement, federal and state agencies. I authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript, and if available, faculty appraisals. I authorize any prior employers to provide such information concerning my employment with them as may be requested. I therefore release all parties and persons connected with any request for information from all claims, liabilities and damages, for whatever reason arising out of furnishing said information.

I understand that if accepted as a volunteer at Grays Harbor Community Hospital, I will be required to submit to a pre-volunteer drug screening and background check as a condition of my volunteering. I understand that unsatisfactory results from, refusal to cooperate with or any attempt to affect the results of these tests and checks will result in withdrawal of any offer to be a volunteer. By submitting this Volunteer Application, I hereby consent to said tests.

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Signature of Applicant

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Date