

Adult Volunteer Application

Mason General Hospital

901 Mt. View Drive • Shelton, Washington 98584 • (360) 426-1611

PERSONAL DATA

Last Name _____ First Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work / Cell _____

Email _____

Are you at least 18? Yes _____ No _____ Birth day/month _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____
(A "yes" answer to this question will not necessarily bar the applicant from volunteering.)

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

REFERENCE INFORMATION

Please provide three professional or personal references who are not a family member:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

EDUCATION & EMPLOYMENT HISTORY

High School _____ Graduated Yes No

College _____ Graduated Yes No

Degree(s): _____ Professional licenses held: _____

Current or last place of employment: _____

City / State: _____ Phone: _____

Job title: _____

Job duties: _____

Supervisor's name: _____ May we contact? _____ Yes _____ No

Special Skills and/or hobbies: _____

Past or current volunteer experience: _____

Dates: _____

POSITION PREFERENCE

Please list the position(s) that interests you: _____

What interests you about those positions? _____

What skills do you have that would make you a good candidate for the above position?

APPLICATION QUESTIONNAIRE

1. Why do you want to be a hospital volunteer? _____

2. Are you willing to make a 6 month commitment? Yes _____ No _____

3. What days are you available? _____ What hours are you available? _____

CERTIFICATION, AUTHORIZATION & RELEASE

I certify that the information given by me to Mason General Hospital (MGH) is true and complete to the best of my knowledge. I understand that, if I am accepted as a hospital volunteer and it is discovered that I gave false, incomplete or if I omit information, it may result in my immediate dismissal. I also understand that if I am hired, my volunteer position is conditioned on your receipt of a satisfactory report from the Washington State Patrol, according to the position for which I am applying.

I authorize MGH to solicit information regarding my character, general reputations, previous employment and similar background information, and to contact any an all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If I am accepted as a volunteer, I release MGH from any liability for future reference it may provide regarding my volunteer history at MGH.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Interviewed by _____ Date: _____

Assigned position: _____ Department: _____

Orientation date: _____ Department date training: _____

Comments: _____
