



Madison County
Hospital

An affiliate of the OSU/Mount Carmel Health Alliance

Adult Volunteer Application Form

Today's date _____

First name _____ Last name _____

Address _____ City _____ State _____ Zip _____

Birth date (year optional) _____ Home phone _____

Employer, if applicable _____ Work phone _____

Contact in case of emergency:

Name _____ Relationship _____

Home phone _____ Work phone _____

Family physician _____ Phone _____

Are there health limitations or conditions you want us to know about?

How did you become interested in our volunteer program? _____

Have you ever volunteered for this organization before? Yes ____ No ____

Education _____

Work Experience _____

Volunteer Experience _____

Have you been convicted of a violation of the law other than a minor traffic violation within the past 7 years? Yes ____ No ____

If yes, please explain _____

Personal or professional references (please exclude relatives)

1. Name _____ Phone _____

Address _____ City _____ State ____ Zip _____

2. Name _____ Phone _____

Address _____ City _____ State ____ Zip _____

Interests/skills: (please indicate with a checkmark which you would be willing to share as a volunteer.)

____ Typing	____ Mailings	____ Calligraphy
____ Filing	____ Public speaking	____ Foreign language
____ Phone	____ Journalism	____ Graphic arts
____ Copier	____ Public relations	____ Patient escort
____ Librarian	____ Research	____ Mail delivery
____ Computer	____ Photography	____ Read to patients
____ Drawing	____ Patient assisting	____ Knitting
____ Sewing	____ Crafts	____ Gardening
____ Cooking	____ Music	____ Retail

Other _____

The above information is accurate and correct to the best of my knowledge.

Signature _____ Date _____

Your signature indicates your approval for us to check references and contact your physician regarding your physical and emotional health. The organization is not obligated to provide a placement, nor are you obligated to accept the position offered.

Opportunities for volunteers are provided without regret to religion, creed, race, national origin, age or sex.