



# 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 \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Work Experience \_\_\_\_\_

Have you been convicted of a violation of the law other than a minor traffic violation (including Military Service)? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_  
(MCH conducts criminal record checks. Failure to divulge complete information will disqualify you from volunteering. A conviction will not necessarily disqualify an applicant from volunteering.)

Are you charged with an unresolved criminal charge (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge)?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain.

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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.