



- Adult
- College Student Volunteer

VOLUNTEER APPLICATION

- Chandler Regional Medical Center
- Mercy Gilbert Medical Center

Name _____ Date _____
 Last First (Nickname)

Address _____

City _____ Zip _____ Birth Date: Month _____ Day _____

Telephone (____) _____ Cell Phone: _____ Email: _____

EDUCATIONAL BACKGROUND, if applicable:

High School _____	Post high school training _____
College Major _____	Degree _____
Career Plans _____	Graduate Field _____ Degree _____

Current Employment _____

Volunteer Experiences _____

How did you find out about our program? _____

Do you prefer patient or non-patient services? _____

Do you have any criminal charges pending against you? Yes No
 If yes, please explain _____

Have you been convicted of a felony within the last 7 years? Yes No
 If yes, list Conviction date, County and State. _____

Have you been convicted of a misdemeanor within the last 7 years? Yes No
 If yes, list Conviction date, County and State. _____

TIME (S) AVAILABLE TO VOLUNTEER (to be discussed further at interview)	<input type="checkbox"/> Weekday	<input type="checkbox"/> Weekend	
	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

YOUR OBLIGATION AS A VOLUNTEER:

- | | |
|---|---|
| 1. Complete and submit application | 5. Complete required training for your service area |
| 2. Attend new volunteer orientation meeting/have TB skin test | 6. Purchase Uniform |
| 3. Complete successful background check | 7. I understand I am donating my services |
| 4. Interview with Volunteer Services Staff Member | 8. Six month commitment to the program |

Signature of Applicant: _____

EMERGENCY NOTIFICATION:

Name _____ Relationship _____
 Place of Employment _____ Business Phone _____ Home Phone _____
 Physician's Name _____ Phone _____