

WHY ARE YOU INTERESTED IN VOLUNTEERING?

WHAT ARE YOUR INTERESTS OR HOBBIES?

DO YOU HAVE A CONDITION YOU FEEL MAY REQUIRE SPECIAL CONSIDERATION FOR YOUR VOLUNTEER WORK ASSIGNMENT? _____ PLEASE SPECIFY:

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

Where?_____ What was the nature of your offense?

Are there any felony charges pending against you?_____ If yes, please

Explain:

You will not be refused a volunteer position solely because of a conviction of a crime. Rather, the organization's decision will be determined on whether the conviction relates in some way to the position applied for.

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?

RELATIONSHIP _____ PHONE #

FAMILY PHYSICIAN _____ PHONE #

PLEASE GIVE TWO ADULT REFERENCES WHO ARE NOT RELATIVES:

NAME _____ NAME

ADDRESS _____ ADDRESS

TELEPHONE _____

TELEPHONE

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In submitting this application, I agree to the following:

1. If placed as a volunteer, I understand that I am not an employee of Charlevoix Area Hospital and will not receive payment of wages and/or benefits.
2. To observe all hospital rules and regulations.
3. To permit Charlevoix Area Hospital to obtain any information from previous employers or others, without liability arising therefrom.

SIGNATURE:_____ DATE: