



Southern Regional Medical Center

VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Date of birth: _____ SS# (last 4 digits required): _____

IN CASE OF EMERGENCY:

Name _____ Relationship _____

Home Phone: (____) _____ Other Tel: (____) _____

HAVE YOU EVER PLEADED GUILTY OR BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? Yes or No (circle)

If yes, please provide detail of the conviction(s) (attach additional sheet if needed).

EDUCATIONAL BACKGROUND

HIGH SCHOOL GRADUATE _____ COLLEGE DEGREE _____

Major

SPECIAL TRAINING _____ GRADUATE SCHOOL _____

Major

AREAS OF INTEREST

_____ Emergency Department

_____ Patient Care Units

_____ General Clerical

_____ Patient Visitors

_____ Gift Shop

_____ Mother/Baby/NICU Nursery

_____ Information Desk/Greeter

_____ Other: _____
(specify)

AVAILABILITY

Please check the boxes for the times that you are available (*some areas do not require these hours*)

Monday ☐ 8am-12pm ☐ 12pm-4pm ☐ 1pm-5pm

Tuesday ☐ 8am-12pm ☐ 12pm-4pm ☐ 1pm-5pm

Wednesday ☐ 8am-12pm ☐ 12pm-4pm ☐ 1pm-5pm

Thursday ☐ 8am-12pm ☐ 12pm-4pm ☐ 1pm-5pm

Friday ☐ 8am-12pm ☐ 12pm-4pm ☐ 1pm-5pm

DO YOU HAVE ANY LIMITATIONS REGARDING PERFORMING VOLUNTEER SERVICE?

___ NO ___ YES (*if yes, please explain*)

How did you hear about Southern Regional's Volunteer Service program?

Why do you want to be a volunteer? _____

I hereby certify all answers given by me on this application are true to the best of my knowledge. I authorize Southern Regional Medical Center to complete a criminal background check on my behalf.

Signature

Date