

VOLUNTEER APPLICATION



PERSONAL INFORMATION

Name:		Social Security #:		
Home Address:		City:	St:	Zip
Phone	Home:	Work:	Cell:	

EDUCATION

School Level	Name & Location of School	Degree / Diploma
High School		
College/University		
Vocational/Business		
Other		

Interests / Hobbies:

Special Skills / Abilities / Licenses / Certifications

Volunteer Experience:

Service Clubs / Athletics

Reasons for Volunteering

Days / Hours of Preference

Limitations

Personal / Professional References

Name	Telephone Number

Other experience, training, qualifications or skills that you feel are relevant to volunteering

I certify that the facts set forth in this application are true and complete to the best of my knowledge
I understand that the misrepresentation or omission of material facts may result in my termination
from the Volunteer Program. I further authorize any persons or organizations referenced in this
application to release information concerning me and release all such parties from the liability for furnishing
such information. I further authorize a search of public records, including records of an arrest, indictment,
conviction, civil judicial action, tax lien, or outstanding judgment, be conducted by internal personnel employed
by Rio Grande Hospital, I am entitled to copies of such public records.

Signature: _____

Date: _____

Interviewed by: _____

Date: _____
