

Warren General Hospital

Application for Volunteer Service

Name: _____ Date: _____
 Last First Spouse's Name
 Address: _____ Phone: _____
 Employed? Yes ___ No ___ Retired ___ Student ___ Where? _____
 Occupation: _____ Phone: _____
 (Company)
 Marital Status: _____ Birthday: _____
 (YEAR OPTIONAL)
 General Health: _____ Activity Restriction: _____

If you have any condition and/or are taking special medication, it is important to advise us so that proper treatment can be provided in an emergency. ALL INFORMATION WILL REMAIN CONFIDENTIAL! _____

Volunteer experience: _____
 Work experience: _____

If you have ever pleaded guilty to or been convicted of a crime(s) other than a summary offense, give dates and describe in full: _____

Reference: _____
 (Name) (Address) (Phone)
 Education: H.S. ___ College 1 2 3 4 Best day(s) and time(s) to
 volunteer: _____

Emergency Contact: _____
 Name Relationship Phone

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I hereby certify that the information I have written is true and that I understand upon registering for volunteer service that I will honor my commitment as scheduled. I will observe the strictest code of confidentiality and will consider all information private and not to be the subject of conversation with other people. The hospital reserves the right to terminate services when the action is in the best interest of the hospital and the volunteer.

Date: _____

Signature of Applicant _____

New Volunteer Orientation Date _____

HIPAA _____

Service Assignment _____

Start date _____ End date _____

Service Assignment _____

Start date _____ End date _____

Smock size: S M L XL

Deposit: _____ Refund: _____

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