



# 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