



## REDINGTON – FAIRVIEW GENERAL HOSPITAL

### VOLUNTEER APPLICATION

<b>Name:</b>				<b>Date of Application</b>			
<b>Last</b>		<b>First</b>		<b>Middle</b>			
<b>Address:</b>				<b>Telephone Number</b>			
<b>Street</b>				<b>Home:</b>			
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>Work:</b>	
<b>Birth date if under age 16:</b>			<b>Type of volunteer work desired:</b>				
Month <span style="border: 1px solid black; padding: 0 10px;"></span> Day <span style="border: 1px solid black; padding: 0 10px;"></span> Year <span style="border: 1px solid black; padding: 0 10px;"></span>							
<b>Date available to start volunteering?</b>			<b>Days you are available:</b>			<b>Hours you are available:</b>	
<span style="border: 1px solid black; padding: 0 10px;"></span> / <span style="border: 1px solid black; padding: 0 10px;"></span> / <span style="border: 1px solid black; padding: 0 10px;"></span>			<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S				
<b>Are you a previous employee of RFGH:</b>			<b>If yes, give date(s) and position(s)</b>			<b>How did you hear about the program?</b>	
<input type="radio"/> Yes <input type="radio"/> No							
<b>Have you ever been convicted of a felony?</b> (Conviction of a felony does not automatically disqualify you from volunteering.)							
<input type="radio"/> Yes <input type="radio"/> No <b>If yes please explain:</b>							
<b>Name of School</b>		<b>Address of School Major</b>		<b>Subject</b>		<b>Diploma/Degree</b>	
<b>High School:</b>							
<b>College/Technical:</b>							
<b>Other:</b>							
<b>Please list any skills or special training you have that is not listed elsewhere on this application:</b>							
<b>Do you speak any foreign language fluently or can you use sign language?</b>							
<b>What are your hobbies and special interests?</b>							

### EMPLOYMENT RECORD

<b>Employer:</b>	<b>Dates:</b>	<b>Name and title of Supervisor:</b>	<b>Why did you leave:</b>
<b>Employer:</b>	<b>Dates:</b>	<b>Name and title of Supervisor:</b>	<b>Why did you leave:</b>
<b>Employer:</b>	<b>Dates:</b>	<b>Name and title of Supervisor:</b>	<b>Why did you leave:</b>

## PRIOR VOLUNTEER SERVICES

<b>Organization:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Dates:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Organization:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Dates:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Position:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Dates:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Position:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Dates:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**Please list at least 3 references, preferably employers, who are not relatives.**

Name	Title	Company name/Address	Telephone #
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Redington-Fairview General Hospital has my permission to photograph me and publish my photo for marketing and public relations purposes related to my volunteering.

Please Initial:    Yes     No

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I understand that willfully making false statements on this application will be sufficient cause for non-placement in volunteer service and or grounds for immediate dismissal.

In the event of an injury during volunteer service, the hospital has my consent for treatment as required.

I authorize Redington-Fairview General Hospital to check any references listed on this application.

I expressly authorize, without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions, OIG, EPLS, Background checks, and to otherwise verify the accuracy of all information provided by me in this application, resume of job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the volunteer process, and all other persons, corporations or organizations for furnishing such information about me.