

HELEN HAYES
HOSPITAL
VOLUNTEER CORPS

Volunteer Services
Application Form

Date: _____ Preferred Nickname: _____

Last Name: _____ First Name: _____ M.I.: _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Phone # (Home): _____ Phone # (Work): _____

I prefer to receive calls at: ☐ Home ☐ Business ☐ Either E-mail address: _____

Date of Birth: _____ Social Security #: _____ Driver's License Number: _____

In Case of Emergency Notify: _____

Relationship: _____ Phone #: _____

Employment Information: ☐ Unemployment ☐ Employed ☐ Retired ☐ Student

Employer's Name (or School): _____

Occupation: _____ Educational Background: _____

Have you ever volunteered in a hospital before? ☐ No ☐ Yes If yes, where and in what capacity?

What type of volunteer work are you interested in? _____

What skills or special talents would you like to share in volunteering? _____

How did you find out about our Volunteer Program? _____

Why do you want to volunteer? _____

Except for adjudications as a youthful offender, wayward minor or juvenile delinquent, have you ever been found guilty of ANY misdemeanor, felony or forfeited bail in any court?

☐ No ☐ Yes If yes, give details on back side of this sheet.

Have you ever been involved in an abuse, mistreatment and/or neglect investigation by any facility or state agency (e.g. Dept of Health, Child Abuse Registry, Dept of Social Services)?

☐ No ☐ Yes If yes, give details on back side of this sheet.

I hereby affirm that this application contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and my appointment may be rescinded. I am also aware that a false statement is punishable under law by fine or imprisonment or both.

Signature: _____ Date: _____