

**Good Shepherd Medical Center  
Volunteer Application**

**PERSONAL DATA**

Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employed By \_\_\_\_\_ Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ In case of emergency contact \_\_\_\_\_ Ph # \_\_\_\_\_  
Email Address: \_\_\_\_\_

**EXPERIENCE**

Previous Work Experience \_\_\_\_\_  
\_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_  
Have you ever worked or volunteered at Good Shepherd Medical Center? \_\_\_\_\_ If so, what were your reasons for quitting?  
\_\_\_\_\_

Foreign Language(s) Spoken \_\_\_\_\_  
Special Education or training \_\_\_\_\_  
\_\_\_\_\_

Skills/Hobbies \_\_\_\_\_

Community Affiliations \_\_\_\_\_

**VOLUNTEER ASSIGNMENTS PREFERENCE**

Please share with us the reason you are applying to be a volunteer \_\_\_\_\_  
\_\_\_\_\_

Referred by \_\_\_\_\_

Personal references (please do not list relatives):

Name _____	Telephone _____
Name _____	Telephone _____

Availability for volunteering      M      T      W      T      F      S      S

Prefer:                      Mornings                      Afternoons                      Evenings

It is our policy to consider all applications without discrimination based on race, color, age, sex, religion, disability, national origin or citizenship. After your application has been reviewed, your placement for volunteer service will be determined. Volunteers are expected to comply with the rules and regulations of the Hospital and Volunteer Services Department. The first 3 months of volunteering is considered a training and probationary period.

Date \_\_\_\_\_ Signature \_\_\_\_\_