



Ascension Saint Joseph

ADULT VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

Street

City

State

Zip

Date of Birth: _____ Age: _____

Phone: Cell Phone: _____

E-Mail Address: _____

Employer (if applicable): _____ Phone: _____

Contact in Case of Emergency:

Name	Relationship	Phone

Family Physician: _____ Phone: _____

Limitations Related to Health: _____

Have you volunteered or worked for this organization before? Yes No

How did you become interested in our volunteer program? _____

What type of volunteer work do you see yourself doing?

What days are you available to volunteer? Sun Mon Tues Wed Thurs Fri Sat

What times are you available to volunteer? Morning Afternoon Evening

Education: Work Experience: _____

Volunteer Experience: _____

References:

1. Name: _____ Phone: _____

Address: Street City State

References:

2. Name: _____ Phone: _____

Address: Street City State

Applicant Signature: _____ Date: _____

The above information is accurate and correct to the best of my knowledge.

Opportunities for volunteers are provided without regard to race, color, sex, age, religion, national origin, marital status, sexual reference/orientation, qualified disability and veteran status.

Submit applications to:
Shannon Carlson Manager,
Medical Staff Administration / Volunteer Services
Ascension Saint Joseph - Elgin 77 North Airlite Street | Elgin, IL 60123
t: 847.888.3086 | f: 847.931.5698
Shannon.Carlson@ascension.org

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