

## Volunteer Application

### APPLICANT INFORMATION

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

### VOLUNTEER OBJECTIVE

Why do you want to volunteer at Ascension Borgess-Lee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged from employment? (Optional)     NO         YES

Have you ever been terminated from volunteering? (Optional)     NO         YES

What do you hope to gain from your volunteer experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What about the health care setting is appealing to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AVAILABILITY

When are you available to start? \_\_\_\_\_

If you are only volunteering for a specific period of time please provide an end date.

\_\_\_\_\_

We offer volunteer opportunities seven days a week. Please list your general availability for each day of the week. Please specify a.m. and p.m.

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Are you a student?    NO    YES

### DOCUMENTATION

Will you require documentation of your volunteer experience?    NO    YES

Is volunteering any part of any academic requirement?    NO    YES

Are you volunteering to satisfy a court-required community service?    NO    YES

Have you been convicted of a crime?    NO    YES

Are there any felony charges pending against you?    NO    YES

### CURRENT EMPLOYEMENT

Are you currently employed?    NO    YES

### REFERENCES

Name of Reference (non-family member) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to Reference \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Name of Reference (non-family member) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship to Reference \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

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**VOLUNTEER EXPERIENCE**

Do you have prior volunteer experience?  NO  YES

Please explain:

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**ACCEPT TERMS OF APPLICATION**

Signature (Full Name)\_\_\_\_\_

Date\_\_\_\_\_

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