



# VOLUNTEER APPLICATION

Questions? Contact  
Volunteer Services:  
208-983-8574

### APPLICATION BACKGROUND INFORMATION:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_

Sex:  Female  Male

I consider myself to be primarily a:  Student  Working Professional  Retired  
 Adult in the community, not working  Other: \_\_\_\_\_

### SKILLS/EXPERIENCE/EDUCATION:

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

### EMPLOYMENT:

Current Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

What areas are you interested in volunteering in?

\_\_\_\_\_

Days and times you are available to volunteer?

\_\_\_\_\_

References (Preferably school, job, or community member. No family member, please.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The above information is accurate and correct to the best of my knowledge. I agree to a TB test each year that I am an active volunteer and to maintain Syringa Hospital's policy of patient confidentiality and privacy in my volunteer work with patients, staff and visitors.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_