



Volunteer Application

PLEASE PRINT

First Name _____ Last Name _____

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email _____ Social Security # (last 4 digits) _____

Birthday Month _____ Day _____ Are you under 18 years old? _____ yes _____ no

Are you currently employed? _____ yes _____ no Employer _____

Are you currently a student? _____ yes _____ no School _____

Have you ever been employed by Howard County General Hospital? _____ yes _____ no

Are you related to an employee or staff member at Howard County General Hospital? _____ yes _____ no

How did you hear about the hospital volunteer program? Friend/Relative Current Volunteer Doctor/Therapist
Hospital Website Internet Search Employee Wellness Matters School Other _____

Previous Volunteer Experience _____

Are you volunteering to fulfill a graduation requirement? _____ yes _____ no

If yes, for what school? _____

Why are you interested in volunteering in a health care environment? _____

Volunteer Placement (preferred area of interest) _____

Please list the times you are available to volunteer each day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times Available							

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal.

Signature _____

Date _____