



APPLICATION FOR ADULT VOLUNTEER SERVICES

(Must be at least 18 years old)

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Date of Birth _____

In Case of Emergency, Notify: _____

Relationship: _____ Telephone: _____

If presently employed, Name of Company: _____

Prior Volunteer Experience: _____

Description of Service performed: _____

How did you become interested in our Volunteer Program: _____

Education: _____

Past Work Experience: _____

Indicate areas of interest: Patient Services or Clerical: _____

Skills: _____

Hobbies: _____

Days Available _____ Hours: _____

Please give any other information that you feel is pertinent to you application: _____

Medical Information/Physical Limitations: _____

(If you have epilepsy, diabetes, allergies, heart conditions, etc. and/or taking special medication for any condition, it is important that you advise us so that in the event of an emergency resulting from your illness, medical personnel can provide proper treatment. This information will remain confidential, except where it affects your ability to receive medical attention.)

Primary Physician: _____ Phone: _____

I hereby certify that the information I have written on this application is true and correct. I understand that Andalusia Health is not obligated to provide a placement, nor am I obligated to accept the assignment offered. I authorize release of pertinent medical information stated on this application to Andalusia Health or a physician in case of an emergency.

Signature of Applicant

Date