



ST. MARY MEDICAL CENTER

Volunteer Application

Personal Information

Today's Date _____

Date of Birth _____ Phone Number _____

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Work History

Are you employed? Yes _____ No _____ Retired? Yes _____ No _____

If yes for employed, where are you employed at?

How long have you been employed there? _____

Name and phone number of a person we can contact at work.

Information

Have you ever pled guilty to or been convicted of any criminal offense (other than minor traffic violations)? Yes _____ No _____

If yes, please explain.

Please list 3 references that are non-family members.

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

Volunteer Information

Position(s) you are interested in:

- _____ **Gift Shop**
 - _____ **9:00am to 12:00pm**
 - _____ **12:00pm to 3:00pm**
 - _____ **3:00pm to 6:00pm**
- _____ **Information Desk**
 - _____ **9:00am to 12:00pm**
 - _____ **12:00pm to 3:00pm**
 - _____ **3:00pm to 6:00pm**
- _____ **Surgery Waiting**
 - _____ **6:00am - ?**
- _____ **Courier**
 - _____ **9:00am to 12:00pm**
 - _____ **12:00pm to 3:00pm**
- _____ **Patient Escort**
 - _____ **7:00am to 11:00am**

What days are you free to work?

- _____ **Monday** _____ **Friday**
- _____ **Tuesday** _____ **Saturday**
- _____ **Wednesday** _____ **Sunday**
- _____ **Thursday**