



**VOLUNTEER APPLICATION**

**1350 Walton Way • Augusta, Georgia 30901 • 706-774-2208**

[www.universityhealth.org](http://www.universityhealth.org)

*(Please Print)*

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Number Street City State Zip Code

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Area Code

Business Address \_\_\_\_\_  
Number Street City State Zip Code

Business Telephone (\_\_\_\_\_) \_\_\_\_\_ Cellular Phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

When are you able to volunteer? Morning Afternoon Evening Weekends

Best day of the week to volunteer \_\_\_\_\_

What area(s) are you interested in? \_\_\_\_\_

**PERSONAL RECORD**

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

Date of Birth (Month and Date Only) \_\_\_\_\_ / \_\_\_\_\_

Are you under 18 years of age? If yes, what is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month date year

Have you ever been convicted of a crime? (Other than minor traffic violations) Yes No

If Yes, explain \_\_\_\_\_  
(Criminal background checks are done on all applicants)

**EDUCATION RECORD**

School/City Years Attended Degrees Received  
From To

List any occupational skills, special talents or hobbies \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK/VOLUNTEER HISTORY (List Present or Most Recent Experience First):**

1. Employer/Volunteer Station \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Description of your work \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 May we contact this employer/volunteer station?     Yes         No

2. Employer/Volunteer Station \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Description of your work \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 May we contact this employer/volunteer station?     Yes         No

**PERSONAL REFERENCES (Not Relatives)**

1. \_\_\_\_\_  
 Name    Address    Phone No.    Relationship

2. \_\_\_\_\_  
 Name    Address    Phone No.    Relationship

I hereby declare that all the above statements are true and correct to the best of my knowledge, and I hereby authorize University Hospital to make any inquiries to determine my ability for volunteer service, with the understanding that any misrepresentation I make will be just and due cause for non-acceptance or dismissal as a volunteer. If qualified for volunteer service, I agree to abide by the rules and regulations of University Hospital, the policies and procedures of the volunteer program and the department to which I am assigned, and I will respect the confidentiality of patient information at all times. I understand and agree that I will not be compensated for any volunteer service I perform for University Hospital.

\_\_\_\_\_  
Signature    Date

INTERVIEWED BY:

\_\_\_\_\_  
Name    Title    Date

\_\_\_\_\_  
Director of Volunteer Services    Date

FOR OFFICE USE: