



## Mountain View Hospital Volunteer Application Form

Date of Application \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Work Experience- Volunteer or Other \_\_\_\_\_  
(Skills) \_\_\_\_\_  
\_\_\_\_\_

Presently Employed? \_\_\_\_\_ Employer \_\_\_\_\_  
Phone \_\_\_\_\_  
Education/Training/Foreign Language \_\_\_\_\_  
Languages Spoken \_\_\_\_\_

Field of Study \_\_\_\_\_  
Local Emergency Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_  
Hobbies/ Skills/Special Interests: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused, disciplined, found guilty or convicted of any type of harassment, violence or infraction involving dishonesty or financial impropriety in the work place? \_\_\_\_\_

If YES, explain: \_\_\_\_\_

*Have you ever been convicted or entered into a plea bargain for a crime?*

*If YES, explain* \_\_\_\_\_  
\_\_\_\_\_

Are there any work activities or conditions you must avoid? \_\_\_\_\_  
If YES, explain \_\_\_\_\_

Why did you decide to volunteer at Mountain View Hospital?

Medical Doctor \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_

Personal References: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Time Available: M T W Th F S Morning \_\_\_\_\_ Afternoon \_\_\_\_\_  
(Circle)

Signature \_\_\_\_\_ Date \_\_\_\_\_