

Date of Application: _____

**SHOALS HOSPITAL
APPLICATION FOR VOLUNTEER SERVICE**

Name: _____ SS# _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Phone: _____

Check one: Adult Volunteer _____ Student _____ Other _____

Prior Experience: _____

Skills, special interests: _____

Days & Hours available to work & area would like to work: (Circle all that apply. Circling more than one day or time does not mean that you will be working every day that you mark, we just need to know when you are available to work and which area for a call in list.)

Mon. 8-12 11-3 12-4 Tues. 8-12 11-3 12-4 Wed. 8-12 11-3 12-4

Thurs. 8-12 11-3 12-4 Fri. 8-12 11-3 12-4 Sat. 8-12 11-3 12-4

Gift Shop Information Desk On the Floor Errands Hospitality Room

Have you ever been charged with or convicted of a felony or misdemeanor? _____

In case of an emergency, notify: Name: _____ Phone: _____

Address: _____ Relationship: _____

References: (Name, Address, Phone # - Not a relative.)

1. _____

2. _____