



975 S. Fairmont Ave. ♦ P.O. Box 3004 ♦ Lodi, CA 95241 ♦ 209/334-3411 ♦

ADULT VOLUNTEER APPLICATION FORM

Name _____

Mailing Address _____ City _____ Zip _____

Day Phone _____ Eve _____ The best time to contact you _____

Email address _____ Do you check email regularly? Y / N

Birthday _____ Over 18 _____

Name and address of person to be contacted in an emergency:

Relationship _____ Phone _____

Name and phone number of primary physician:

_____ Phone _____

How did you hear about our volunteer program? (Please circle all that apply)

Walk-in Media Friend Flyer Web Page Presentation LMH Volunteer or Other (please explain) _____

Volunteer position/experience desired _____

Have you ever previously been employed or volunteered at Lodi Memorial Hospital? _____

Briefly state why you would like to volunteer with Lodi Memorial Hospital:

Days/hours of week available

	MON	TUE	WED	THU	FRI	SAT	SUN
A.M.							
P.M.							

Are you available throughout the year? _____ Unavailable time? _____

Previous Work Experience

a) As a volunteer _____

b) As an employee _____

Please indicate below the skills and/or experiences you possess and would be willing to utilize in volunteering at Lodi Memorial Hospital:

<input type="radio"/> Accounting	<input type="radio"/> Humor/storytelling	<input type="radio"/> Customer Service
<input type="radio"/> Computers	<input type="radio"/> Board/Card Games	<input type="radio"/> Food Service
<input type="radio"/> Filing	<input type="radio"/> Musical Instruments	<input type="radio"/> Mailroom Experience
<input type="radio"/> Office Machines	<input type="radio"/> Sing	<input type="radio"/> Sales
<input type="radio"/> Cash Register	<input type="radio"/> Drawing/Painting	<input type="radio"/> Medical Office
<input type="radio"/> Telephone	<input type="radio"/> Reading Aloud	<input type="radio"/> Nursing
<input type="radio"/> Typing	<input type="radio"/> Organize	<input type="radio"/> Social Work

Please list other skills and/or experiences: _____

Do you speak another language other than English fluently? _____

If so, what languages? _____

Community Affiliations (clubs, other organizations) _____

Have you ever been arrested or convicted for a felony or a misdemeanor? _____

If so, please explain nature of charges, when and disposition _____

Please list two references other than family

1. _____

(Name)

(Address)

(Phone)

2. _____

(Name)

(Address)

(Phone)

Signature

Date

(Do not write below this line. For office use only)

Separation Date _____ Reason for leaving _____