

Volunteer Application

Please print clearly:

Name: _____
(Last) (First) (Middle) (Nickname)

Address: _____
(Street) (City)

Home Phone: _____
(St.) (Zip)

Cell Phone: _____

Email: _____

Emergency Contact: _____
(Name) (Number)

Limitations Related to Health: _____

Current Work Experience:

(Employer) (Position) (Dates)

Prior Work Experience:

(Employer) (Position) (Dates)

(Employer) (Position) (Dates)

Prior Volunteer Experience:

How did you become interested in a Volunteer position with Sky Ridge?

Education or Special Training/Skills:

Hobbies/Special Interests:

Interests/Skills (please indicate areas you would be willing to share as a volunteer):

Clerical skills: Typing/Computer Skills Phone receptionist Filing

Patient/Family Services: Visiting patients Patient escort Support clinical staff

Personal Skills: Working with the public Foreign language Training

Special Volunteer Interests:

Days and Hours Available:

I certify that the above information is true and complete to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to serve in patient areas. I understand that I may be requested to complete a health screening including a drug screen prior to beginning to volunteer at Sky Ridge Medical Center. The volunteer service department is not obligated to provide a placement, nor are you obligated to accept the position offered.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

Signature: _____ **Date:** _____

Sky Ridge Medical Center Contact Information:

John Penn

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Fax: 720-225-1009

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