

**WILSON N JONES MEDICAL CENTER AUXILIARY  
APPLICATION FOR VOLUNTEER SERVICES**

<b>VOLUNTEER CONTACT INFORMATION</b> Required fields are marked with an asterisk*	
Today's Date:	
Referrer Name (when applicable):	
Position Applied for:	
Volunteer Name (First, Middle, Last): *	
Street Address: *	
Apartment:	
City: *	
State: *	
Zip Code: *	
Residence Phone/ Cell Phone:*	
Business Telephone: *	
Email Address: *	
Date of Birth: *	
Social Security Number: *	
<b>EMERGENCY INFORMATION (Person to be Notified in the Event of an Emergency)</b>	
Name:*	
Relationship: *	
Address: *	
City, State, Zip: *	
Day Telephone: *	
Evening Telephone: *	
Pager/Cell #: *	

<b>EDUCATIONAL INFORMATION (Name and Location of School)</b>	
High School: *	
Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business College/Vocational Training: *	
Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University: *	
Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you attending classes now? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where:	
<b>WORK EXPERIENCE (List most recent employer first)</b>	
1) Name of Organization	Type of Work:
From:	To:
2) Name of Organization	Type of Work:
From:	To:
3) Name of Organization	Type of Work:
From:	To:
<b>VOLUNTEER EXPERIENCE (List most recent experience first)</b>	
1) Name of Organization	From: <span style="float: right;">To:</span>
Type of Work	
2) Name of Organization	From: <span style="float: right;">To:</span>
Type of Work	
3) Name of Organization	From: <span style="float: right;">To:</span>
Type of Work	

**CHOICE OF VOLUNTEER POSITION**

First Choice: \*

Second Choice: \*

Indicate times you are available to volunteer: \*

 Morning     Afternoons     Weekday     Weekends     Evenings

Number of hours per week \_\_\_\_\_ Days of week preferred \_\_\_\_\_

Date available for placement: \* \_\_\_\_\_

Will serve on Committees:     Y     NWill help with decorating:     Y     NWill help plan special events:     Y     NWill help with phone team:     Y     N

What do you want to achieve from your volunteer experience? \*

**MISCELLANEOUS**

Have you ever been convicted of a misdemeanor or felony? \*

 Yes     No

If yes, please explain:

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations?     Y     N

If no, please list accommodations requested:

Have you worked at WNJ before? \_\_\_\_\_ Date \_\_\_\_\_ Department \_\_\_\_\_

Do you have relatives currently employed with WNJ?     Y     N

Date of last TB skin test:

**Applicant Signature:**

\*Asterisk indicates a required field

APPLICATION DISCLOSURE/RELEASE

Wilson N. Jones Medical Center – Volunteer Services # 596

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a *consumer report*+ may be made in connection with your application for employment as a Volunteer.

If you are denied the opportunity for Volunteer employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below you consent to the procurement of a *consumer report*+ in connection with your application for a Volunteer and/or continued employment as a Volunteer.

\*Social Security Number: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Applicants Last Name: \_\_\_\_\_

Applicants Other Last Names: \_\_\_\_\_

Applicants (printed) First Name: \_\_\_\_\_

Applicants Middle Name : \_\_\_\_\_

Current Address

Address: [ ] Apt#: [ ]
City: [ ] State [ ] Zip. [ ]

\*for consumer report purposes only

List all cities, states and counties lived in for the last SEVEN YEARS.

Table with 3 columns: City, State, County. Rows 1-4.

+ A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.

I certify that all of the information provided by me on this application disclosure is true, correct and complete. I have not withheld any information requested on this application disclosure.

Volunteer's signature

Today's date