



Volunteer Application

P.O. Box 370, Butler, MO 64730

(660) 200-7045

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Date of Birth _____

Email Address _____

Emergency Contact _____

Relationship _____ Phone # _____

Current Employer (if applicable) _____

Previous Work Experience _____

Have you ever been convicted of a crime other than a parking ticket? ___Yes ___No

If yes, Date _____ Place _____

Type of conviction _____ Type of sentence received _____

Previous Volunteer Experience _____

Education or Special Training _____

Community Affiliations _____

PERSONAL REFERENCES (no relatives)

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

Circle Your Preference:

DAYS AVAILABLE: **Monday Tuesday Wednesday Thursday Friday**

TIME AVAILABLE: **Morning Afternoon Evening**

I affirm that the information provided on this application is true and complete. I understand that before I begin my volunteer service, I will be interviewed, consent to a reference check, Criminal Background Request, drug-screen, attend orientation, and provide proof of TB skin test or I will receive one prior to beginning my volunteer service. I understand that this application does not guarantee a volunteer placement at Bates County Memorial Hospital and that if accepted, I will not receive payment for my service.

SIGNATURE _____ DATE _____