



Volunteer Application

P.O. Box 370

Butler, MO 64730

(660) 200-7044

Name_____

Address_____

City_____ State_____ Zip Code_____

Home Phone_____ Cell Phone_____ Date of Birth_____

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 Saturday Sunday

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_____