

Application for Volunteer Resources

PLEASE PRINT

Date: _____



Mr. Mrs. Miss _____
(Last Name) (First) (Middle)

Birthday: _____ Age Group: 20-29 30-39 40-49 50-59 60-69 70+
Month/Day/Year

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

E-mail Address: _____ Social Security Number: _____

Driver's License: _____ Marital Status: Married Single Widowed Divorced

If married, is spouse an ETMC Volunteer? Yes No Are you retired? Yes No

Place of Employment: _____ Position: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Relationship: _____ 2nd Phone: _____

HEALTH: Personal Physician: _____ Phone: _____

Physical or Emotional Limitations: _____

TRAINING AND EXPERIENCE:

Business or Professional: _____

Volunteer: _____

TIME AVAILABLE: (indicate time and day) a.m.: _____ p.m.: _____ Evening: _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Have you ever been convicted or admitted guilt to a felony? Yes No

Explain (conviction will not necessarily bar volunteering) _____

How did you hear about volunteering at ETMC? Newspaper TV Event Word of mouth Other _____

I certify the information given by me in this application is correct and that any misstatement is grounds for dismissal from the ETMC Volunteer Program. I understand that in order to be selected for volunteer service, I authorize ETMC to perform a routine background check and drug screen/urinalysis. I further understand the results of these checks and tests must satisfy the standards set by ETMC before I can begin a volunteer role.

Date: _____ Signature: _____ Print Name: _____

RETURN TO: Manager-ETMC Volunteer Resources, P.O. Box 6400, Tyler, TX 75711 Phone: 903-531-8199 Fax: 903-596-3139

OFFICE USE ONLY:

Application Received: _____ Fax to HR: _____ Location: _____

Orientation Date: _____ Day: _____

Placement Start Date: _____ Time: _____