



Phone: 541-812-4059
 Fax: 541-812-4200

For Office Use Only		
_____ Date Received	_____ Adult (21+)	
_____ Contact	_____ Teen (15 – 18 years)	
_____ Interview		

Volunteer Application- Please PRINT clearly!

Full Name: _____ **Preferred Name:** _____ **Date:** _____

Mailing Address: _____ **City, State:** _____ **Zip:** _____

Phone number: _____ **Alternative number:** _____ **Email:** _____

EXPERIENCE, EDUCATION, & SKILLS

Please attach your resume or professional CV, and complete the following:

Check one (or more) of the following: Employed Un-employed Retired Student

WORK EXPERIENCE

Name of employer, address, phone #	Dates employed: From: _____ To: _____	Job title and description of duties:
Name of employer, address, phone #	Dates employed: From: _____ To: _____	Job title and description of duties:

VOLUNTEER EXPERIENCE

Name of volunteer organization, address, phone#	Dates of service: From: _____ To: _____	Type of service:
Name of volunteer organization, address, phone#	Dates of service: From: _____ To: _____	Type of service:

EDUCATION

High School:

Name	Location	Years attended

College or School attended after high school (including military service):

Name	Location	Academic Major or Trade

Name	Location	Academic Major or Trade

Did you work for any of the above organizations under a different name? _____ If yes, please give the name under which you worked for each organization: _____

SKILLS

_____ Secondary Language: _____	_____ Office Phone Operation	_____ Medical Experience or
_____ Typing _____ Approximate WPM	_____ Data entry	Medical Certified: _____
_____ Computer – General Knowledge	_____ Word Processing & Excel	_____

Please describe other skills or abilities which will assist in evaluating your volunteer qualifications: _____

FOR STATISTICAL PURPOSES ONLY – please complete

I am age 18 or older Date of Birth: _____ Race/Ethnicity: _____ Gender: _____



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Why do you want to volunteer and what do you hope to gain from serving at Albany InReach Services?

Is there anything else you would like us to know about you (i.e., career goals, special needs, etc.)?

If know, please list type of volunteer position desired: _____

Desire amount of volunteer time: _____ Period of commitment: _____

Please indicate the time slots you are available for volunteer service:

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					
Evenings					

Names and phone numbers of references submitted with this application:

1). _____ 2). _____

IN CASE OF ILLNESS WHILE ON DUTY, CONTACT:

_____ Name	_____ Family Doctor
_____ Address	_____ Office Address
_____ City State Zip	_____ City State Zip
_____ Home Phone Business Phone	_____ Office Phone

VOLUNTEER COMMITMENT

Upon acceptance to the volunteer program, I will accept responsibility to be punctual and dependable. I will perform my assignments, refrain from doing what I have not been trained to do, and abide by hospital ethics and policies.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING!

I CERTIFY THAT THE INFORMATION SET FORTH IN THIS VOLUNTEER APPLICATION IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF ACCEPTED AS A VOLUNTEER, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR MY DISMISSAL.

I FURTHER UNDERSTAND THAT MY VOLUNTEERING IS CONTINGENT UPON SUCCESSFUL COMPLETION OF REFERENCES, EDUCATIONAL AND CRIMINAL BACKGROUND INFORMATION FURNISHED BY ME. I CONSENT TO AND AUTHORIZE THE VOLUNTEER SERVICES DEPARTMENT TO REQUEST ANY INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT/VOLUNTEERING RECORD AS INDICATED ON THIS APPLICATION. I HEREBY RELEASE ALL PARTIES AND PERSONS CONNECTED WITH ANY REQUEST FOR INFORMATION FROM ALL CLAIMS, LIABILITIES, AND DAMAGES FOR WHATEVER REASON ARISING OUT OF FURNISHING SUCH JOB/VOLUNTEERING RELATED INFORMATION.

Albany General Hospital/Evergreen Hospice does not discriminate in volunteer practices because of race, color, religion, sex, age, disability, national origin, or marital status.

Signature of Applicant Date

CONSENT (for 15-18 year old volunteers only)



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My daughter/son _____ has my consent to serve as a volunteer at Albany General Hospital, Albany, Oregon.

Signature of Parent or Guardian

Date