

# APPLICATION FOR VOLUNTEER SERVICES

## Cabell Huntington Hospital

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt No: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Date of Birth (do not list year of birth): Month: \_\_\_\_\_ Day: \_\_\_\_\_  
Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### WORK EXPERIENCE

Volunteer Experience: Organization \_\_\_\_\_ Years \_\_\_\_\_  
Organization \_\_\_\_\_ Years \_\_\_\_\_  
Recent Paid Experience: Organization: \_\_\_\_\_ Title: \_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_  
College/University: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_  
Special Training: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

### REFERENCES

Medical Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

RECEIVED \_\_\_\_\_

REFERENCES \_\_\_\_\_

BACKGROUND CK \_\_\_\_\_

ORIENTATION \_\_\_\_\_

TB TEST \_\_\_\_\_

ASSIGNMENT \_\_\_\_\_

**GENERAL INFORMATION**

Why did you decide to apply to become a volunteer at Cabell Huntington Hospital?

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Are there work activities or conditions you must avoid? \_\_\_\_\_ If yes, please explain:

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Have you ever been convicted of a crime? \_\_\_\_\_ If yes, explain when, where and the disposition of the case:

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**INTERESTS**

Meeting New People    YES    NO    Retail Sales    YES    NO    Computers    YES    NO

Working with Patients    YES    NO    Fundraising    YES    NO    Office Admin.    YES    NO

Are you interested in becoming a member of the Cabell Huntington Hospital Auxiliary?    YES    NO

**AVAILABILITY**

Please indicate (X) which days and hours you will be available to volunteer:

HOURS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00 am to 12:00 pm							
12:00 pm to 4:00 pm							
4:00 pm To 8:00 pm							

Your signature indicates your approval for us to check references and conduct a background check. Cabell Huntington Hospital is not obligated to provide placement, nor are you obligated to accept a position offered.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Opportunities for volunteer service are provided without regard to religion, race, gender, creed, age, or national origin.*

**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the Company.

**California, Minnesota or Oklahoma applicants only** – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Any other Names Used \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth (for ID purposes only) \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver's License# \_\_\_\_\_ State: \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_