

## VOLUNTEER APPLICATION

*Please answer all questions. Type or print clearly.*

Munson Healthcare requires all employees and volunteers to receive a 2-Step TB test and flu vaccine during the flu season in the year that they are hired and annually thereafter.

Will you be able to comply with the Seasonal Flu Vaccine policy?  **Yes**    **No**

Munson is a smoke free environment. To help promote a healing and safe environment, volunteers and staff may not smell of smoke at any time during the workday. In addition, smoking is not permitted on any Munson Healthcare property or grounds, either owned or leased, including in any vehicle on MHC property.

Will you be able to comply with the No Smoking policy?  **Yes**    **No**

### NAME AND ADDRESS

Last Name	First	Middle Initial
Current Address	Number	Street
City	State	Zip

### PHONE NUMBERS

### E-MAIL ADDRESS

Current	Work
E-MAIL ADDRESS	

### PREFERRED FORM OF ADDRESS

Mr.  
  Miss  
  Mrs.  
  Ms. Nickname \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_

### CURRENT STATUS

- High School Student:  
      11th grade    12th grade
- College or University Student:  
      Freshman    Sophomore    Jr.    Sr.    Grad Student
- Community Resident:  
      Retired    Other: \_\_\_\_\_

### REFERRAL SOURCE

- |   |  |
|---|--|
| <input type="checkbox"/> Radio / TV _____   | <input type="checkbox"/> Teacher / Counselor _____ |
| <input type="checkbox"/> Employer _____     | <input type="checkbox"/> Friend _____              |
| <input type="checkbox"/> Newspaper _____    | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Self Inquiry _____ |  |

## PREVIOUS VOLUNTEER EXPERIENCE

Organization	Role in Organization

## PROFESSIONAL / CIVIC MEMBERSHIPS

Organization	Role in Organization

## CURRENT OR PREVIOUS EMPLOYMENT

Employer	City / State

Phone ( ) \_\_\_\_\_

May we phone you at work regarding your volunteer activities?  Yes  No

## SPECIAL SKILLS / INTERESTS

Language(s) - including sign languages (please specify) \_\_\_\_\_

Office / Clerical (please specify) \_\_\_\_\_

Entertainment (please specify) \_\_\_\_\_

Computer \_\_\_\_\_

Other work experiences (please specify) \_\_\_\_\_

Other interests \_\_\_\_\_

Do you have any medical history or physical condition that may limit your ability to do the job of which we should be aware?  No  Yes - brief explanation \_\_\_\_\_

Are you currently employed in the Munson Healthcare System?  No  Yes - where? \_\_\_\_\_

Have you ever been employed in the Munson Healthcare System?  No  Yes - in what capacity? \_\_\_\_\_

Have you ever been convicted of a crime(s) including misdemeanors other than minor traffic offense?  No  Yes

If yes, please give details & current status.

Are there any felony charges outstanding?  No  Yes If yes, please give date, place, charge and current status.

Are you volunteering to satisfy a court required community service?  No  Yes - please list your probation officer's name and phone number.

I certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by Munson Volunteer Services. Misrepresentation of facts constitutes cause for denial of application and/or dismissal from Volunteering at Munson Medical Center.

Signature \_\_\_\_\_

Date \_\_\_\_\_