

Today's Date: _____

Volunteer Application



Contact Information

Full Name	
Preferred Name	
Street Address	
City ST ZIP Code	
Home Phone	
Best contact phone #	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments? Date of Availability _____

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration/Office
 Events
 Volunteer coordination
 Fundraising
 Other

How did you hear about us (hospital, friend, newsletter, radio, etc.)

Are you at least 18 years old? Y N

Gender M F

Are you a veteran of the armed forces? Y N

May we send you occasional announcements and/or emails? Y N

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Mail to: Jefferson Healthcare Foundation
834 Sheridan
Port Townsend, WA 98368