FORT HEALTHCARE
VOLUNTEEN APPLICATION

I. GENERAL INFORMATION

Name_____ DOB: _____

Address_____
Street City Zip

Contact Info_____
Home Business Cell e-mail

In an emergency, notify _____Relationship _____

Contact Info_____
Home Business Cell e-mail

II. BACKGROUND

School_____

Employer_____

Volunteer experience_____

Foreign languages (speak, read or write)_____

Physical limitations_____

III. OTHER INTERESTS

____Arts & Crafts ____Babysitting ____Clerical ____Computers
____Sewing ____Finance ____Leadership ____Teaching
____Music ____Printing, Calligraphy ____Program Development ____Public Speaking

Yellow highlighted = After school and weekend hours available
Blue highlighted = Must be 16 or older **Red highlighted = Must be 17 or older**
Green highlighted = Must be 18 or older

IV.

____Coffee Shop ____Patient Escort Service ____Wheelchair/CPR Manikin Maint.
____CareLine ____ Materials Mgt. ____Mail Delivery
____Tele-Care ____Gift Shop ____Emergency Department
____Clerical ____Ambulatory Services ____Ambassador/Greeter
____Cookie Sales ____Joint Camp ____ Child Care
____Hospitality Cart ____ *Pet Therapy (*Requires credentials)

V. AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morn.	_____	_____	_____	_____	_____	_____	_____
Aft.	_____	_____	_____	_____	_____	_____	_____
Eve.	_____	_____	_____	_____	_____	_____	_____

Signature of Applicant_____**Date**_____