FORT HEALTHCARE VOLUNTEEN APPLICATION

I. GENERAL INFORMATION Name______ DOB: _____ Address____ Street City Zip Contact Info Business Cell e-mail In an emergency, notify Relationship Contact Info Cell Business e-mail II. **BACKGROUND** School___ Employer Volunteer experience Foreign languages (speak, read or write)____ Physical limitations OTHER INTERESTS III. Arts & Crafts ____Babysitting Clerical Computers _Babysitting _Medical Career ____Leadership Teaching Sewing Printing, Calligraphy Program Development **Public Speaking** Music **Yellow highlighted = After school and weekend hours available** Blue highlighted = Must be 16 or older Green highlighted = Must be 18 or older IV. Wheelchair Maintenance **Patient Escort Service** CareLine Materials Mgt. Mail Delivery **Emergency Department** Tele-Care Gift Shop Department Greeter Clerical **Ambulatory Services** Cookie Sales **Hospitality Cart** *Pet Therapy (*Requires credentials) *Internship (*Requires Special Permissions) V. AVAILABILITY Monday Tuesday Wednesday Thursday Friday Saturday Sunday Morn. Aft. Eve.

Date _____

Signature of Applicant_____