

Claxton-Hepburn Medical Center **Volunteer Application**

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Mr./Mrs./Ms./Miss: (Last name, First Name, Middle Initial)		SS#			
Address: (Number, Street, City, State, Zip Code)		Telephone #:			
Email Address:					
Are you employed? Yes/No If yes, where?		Birth date: mo/day/year			
Employer's Address:	Employer's Telephone #:				
High School/College/University: (Name)		Degree & Major Completed:			
Circle Times Available: Mon / Tues / Wed/	Thurs / Fri / Sat / Sun				
Mornings / Afternoons / Evenings					
Or, Specific Days and Times (please list):					
How did you hear about our volunteer program? (please circle)					
Reputation Speaker Former Patient Relative Claxton-Hepburn Employee Living Well Ma	Brochure Referral gazine Radio Ad	Volunteer Connection			
List any previous volunteer experience:					
List any previous work experience:					
List two references: (excluding relatives or employees of CHMC)					
Name:	Name:				
Address:	Address:				
Telephone: Telephone:					

Can you, with or without reasonable accommodation, perform the primary functions of the position applied for? Yes/No

I am interested in the following: (please circle)				
Telephoning Cancer Center Physical Therapy Wound Care Center Other:	Clerical Public Relations Information Desk Scanning	Radiology Mailings Admitting Patient care	Medical Records Med/Surg Floor Friendly Visitor	
Please list special skills, training, and licenses held:				
Please list working knowledge of computer software programs (Microsoft Word, Excel, etc.)				
Have you been convicted of a crime in the past ten years? (please circle) Yes/No				
If "yes", describe in full				
I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of volunteer employment or immediate termination volunteer employment regardless of when or how discovered.				
I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.				
I consent to any and all job-related examinations, including pre-employment health, drug screening, and criminal background checks as required by Claxton-Hepburn Medical Center.				
I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.				
		For office use only:		
Signature		Date		

Rev. 11/4/10

Termination Date:

Reason for leaving CHMC:

Applicant Name (Please Print): Hire Date:



SS#_

Not Hired:

Declined: