

SHARE MEDICAL CENTER VOLUNTEER SERVICE APPLICATION

800 Share Drive | Alva, OK 73717 | (580) 430-3360

Last Name: _____ First Name: _____ Maiden Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: ____/____/____ Phone: _____ Cell: _____
Month/Day/Year

Program Selection: Junior Volunteer (15-17 years old) Adult Volunteer

Email: _____ SSN: _____

Days and Times Available To Volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

In case of an emergency, please indicate a contact person:

Contact Name: _____ Relationship: _____ Contact Number: _____

If presently employed:

Name of Organization: _____ Position: _____ Work Hours & Days: _____

Education Completed:

Name of School: _____ Years Completed or Grade: _____ Major or Degree: _____

Do you speak a second language? Yes No If yes, what language _____

Any health limitations related to volunteer duty: _____

Please provide your immunization history at the time you turn in your application.

If you were referred by an employee, please complete the following information:

Name of Employee: _____ Relationship: _____ Department: _____

Previous volunteer experience: _____

Organization: _____ Contact: _____

Volunteer Duties: _____

Have you ever volunteered and/or been employed by Share Medical Center before? Yes No

If yes, when: _____ Reason for Leaving: _____

Indicate the reason you are seeking a volunteer position (check all that apply):

Interest in the medical field Interest in Share Medical Center as a future career option Extra Time

Requirement for class Service hours required to graduate How many: _____ By when: _____

Other: _____

Do you have any clinical or medical certifications or licenses? Please list _____

Area(s) of Interest: _____

References: *(Please list two references other than relatives.)*

Name: _____ Name: _____

Title/Company: _____ Title/Company: _____

Phone Number: _____ Phone Number: _____

Have you ever been convicted for violation of any federal, state, country or municipal law, regulation or ordinance? *(Do not include traffic violations.)* No ____ Yes ____

If yes, date of conviction or plea: ____/____/____ State or Country: _____
Month/Day/Year

Have you ever had to perform community service hours ordered by the court or district attorney's office? Yes No

If yes, date of completion of community service: ____/____/____ State or Country: _____
Month/Day/Year

Circle the areas of interest to you:

<u>Location</u>	<u>Job Description</u>		
Hospital	Door Greeter	Internal Escort	Blood Drive
Nursing Home	Radiology	Physical Therapy	Nursing
Hospice	Beauty Shop	Meals on Wheels	Activities
Homestead	Receptionist	Laundry	Mail Delivery
	Maintenance		
	Other	_____	
Internship	Dept.	_____	

When can you start volunteering? _____

The above information is accurate and correct to the best of my knowledge.

I understand that this application remains current for only 180 days. If you have not followed through with the interview, orientation, and health screenings you will have to reapply.

Signature: _____ Date: _____

Your signature indicates your approval for us to check references. The Volunteer Service Department is not obligated to provide placement, nor are you obligated to accept the position offered. The Volunteer Department of Share Medical Center does not discriminate because of age, race, national origin, gender or sexual preference.