



## Adult Volunteer Application Form

Today's date \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Birth date (year optional) \_\_\_\_\_ Home phone \_\_\_\_\_

Employer, if applicable \_\_\_\_\_ Work phone \_\_\_\_\_

Contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Are there health limitations or conditions you want us to know about?

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How did you become interested in our volunteer program?

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Have you ever volunteered for this organization before? Yes \_\_\_\_ No \_\_\_\_

Education \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Work Experience \_\_\_\_\_

Have you been convicted of a violation of the law other than a minor traffic violation (including Military Service)? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

(Madison Health conducts criminal record checks. Failure to divulge complete information will disqualify you from volunteering. A conviction will not necessarily disqualify an applicant from volunteering.)

Are you charged with an unresolved criminal charge (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge)? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain. \_\_\_\_\_

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Personal or professional references (please exclude relatives)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Interests/skills: (please indicate with a checkmark which you would be willing to share as a volunteer.)

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Typing    | <input type="checkbox"/> Mailings          | <input type="checkbox"/> Calligraphy      |
| <input type="checkbox"/> Filing    | <input type="checkbox"/> Public speaking   | <input type="checkbox"/> Foreign language |
| <input type="checkbox"/> Phone     | <input type="checkbox"/> Journalism        | <input type="checkbox"/> Graphic arts     |
| <input type="checkbox"/> Copier    | <input type="checkbox"/> Public relations  | <input type="checkbox"/> Patient escort   |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> Research          | <input type="checkbox"/> Mail delivery    |
| <input type="checkbox"/> Computer  | <input type="checkbox"/> Photography       | <input type="checkbox"/> Read to patients |
| <input type="checkbox"/> Drawing   | <input type="checkbox"/> Patient assisting | <input type="checkbox"/> Knitting         |
| <input type="checkbox"/> Sewing    | <input type="checkbox"/> Crafts            | <input type="checkbox"/> Gardening        |
| <input type="checkbox"/> Cooking   | <input type="checkbox"/> Music             | <input type="checkbox"/> Retail           |

Other \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your signature indicates your approval for us to check references and contact your physician regarding your physical and emotional health. The organization is not obligated to provide a placement, nor are you obligated to accept the position offered.

Opportunities for volunteers are provided without regret to religion, creed, race, national origin, age or sex.