WILSON MEDICAL CENTER

Auxiliary Volunteer Application

Name: _____

Address: _____

Phone: _____

E-_Mail: _____

Occupation: _____

Previous Work/Volunteer Experience:

Work: _____

Volunteer: _____

Education or Special Training: _____

Community Affiliations:_____

Emergency Contact:

Name: _____ Phone: _____

Background (circle one):

Have you ever been convicted of a felony? Yes No

Do you have any pending criminal charges? Yes No

If yes to either question, explain: _____

_____

Days Preferred (circle):

Mon Tues Wed Thurs Fri

Hours Preferred (circle):

Morning Afternoon

_____ _____

Signature Date

References (Please list 3 non-relatives)

_____ _____

Name Phone

_____ _____

Name Phone

_____ _____

Name Phone