



VOLUNTEER APPLICATION

Personal Information

Last Name _____ First _____ MI _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Age (if under 18) _____

Emergency Contact Name _____ Phone _____

If applicable, School you attend _____

Volunteering Experience

Have you volunteered before? _____ If yes, please give details below:-

*Organization & Location _____

Give a brief description of your volunteer duties _____

Volunteer Supervisor _____ Phone _____

*Organization & Location _____

Give a brief description of your volunteer duties _____

Volunteer Supervisor _____ Phone _____

EHN Volunteer Program Information

Start Date _____ Commitment Duration _____ Days and Times of day available _____

How did you hear about volunteer program at Exodus Healthcare _____

Are you volunteering to receive community service hours? _____

References

Please list three character references.

Name & Relationship _____ Phone _____

Name & Relationship _____ Phone _____

Name & Relationship _____ Phone _____

Questions

Why is volunteering important to you?

What do you hope to accomplish through this volunteering opportunity?

What do you consider as your personal strengths in relating to people:

In serving others, what 2 or 3 personal character traits do you feel are most important?

What does encouragement mean to you?

What are ways you feel you are able to help and encourage others?

Tell us about any past volunteer experiences you have had and their impact upon your life:

Please share with us any of your medical experience(s) or interests in the medical profession:

Agreement

I certify that my answers are true and complete to the best of my knowledge.

I, _____, understand that my signature below authorizes Exodus Healthcare Network to perform a standard background check, if necessary.

Signature _____

Date _____