

ADULT APPLICATION FOR VOLUNTEER SERVICES

Saint Francis Hospital and Medical Center, 114 Woodland Street, Hartford, CT 06105
860-714-4979

Today's Date: _____

E-Mail Address _____

| | | | | | | |
|--|----------------------------------|---|----------------------------------|----------------------------------|----------------------------------|------------------------------|
| Name (First): | | (Middle Initial) | (Last) | | Home Phone: Cell #: | |
| Street Address: | | City: | | State: | ZIP Code: | |
| Place of Employment: | | Occupation: | | Work Phone: | | |
| Physician: | | | | Doctor's Phone: | | |
| Age Group | <input type="checkbox"/> 19 - 29 | <input type="checkbox"/> 30 - 39 | <input type="checkbox"/> 40 - 49 | <input type="checkbox"/> 50 - 59 | <input type="checkbox"/> 60 - 69 | <input type="checkbox"/> 70+ |
| EDUCATION | | | | | | |
| Name of High School: | | Name of College: _____ <input type="checkbox"/> Current <input type="checkbox"/> Graduate Major _____ | | Other: | | |
| Interests/Hobbies: | | | | | | |
| Clubs/Organizations of which you are a member: | | | | | | |
| Please indicate how and why you became interested in the Volunteer Program: | | | | | | |
| Have you done volunteer work before? If so, where, when: | | | | | | |
| Would you be willing and able to assist in all areas? Do you have any special skills (for example: bi-lingual, computer, knitting, etc.)? | | | | | | |
| Please indicate what day(s) and time(s) you would be available: | | | | | | |
| Please list names and addresses of three references: | | | | | | |
| 1. _____ | | | | | | |
| 2. _____ | | | | | | |
| 3. _____ | | | | | | |
| EMERGENCY CONTACT: _____ (Name) (Relationship) (Tel. #) | | | | | | |
| FOR HOSPITAL USE ONLY | | | | | | |
| Orientation Date: | | Supervisor: | | Assignment: | | |
| Placement Form Sent: | | PPD: Badge #: | Flu Shot: Flu Badge: | Misc.: | | |

**Please return to: Tobbye Karl, Director of Volunteer Services, Saint Francis Hospital and Medical Center
114 Woodland Street, Hartford, CT 06105**