



WOOD COUNTY  
HOSPITAL

Depend on us.

## Volunteer Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birthday \_\_\_\_\_ Anniversary \_\_\_\_\_

Have you ever worked as a Hospital Volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe any previous experience you have had as a Volunteer:

\_\_\_\_\_  
\_\_\_\_\_

Available times to volunteer:

Sunday \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic offense?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

## Work Experience

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Highest education/degree \_\_\_\_\_

Tell me about yourself (hobbies, etc.) \_\_\_\_\_

\_\_\_\_\_

## Volunteer Contract

(Completion of this section is *required*)

I certify that I have given all information voluntarily and that all statements and representations are true and correct. I understand that all records regarding my performance will be kept strictly confidential. I also understand that I will not be paid for my services as a Wood County Hospital Volunteer and that this is not an application for, or a contract of employment.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director of Volunteers: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed application to:

Laurie Newlove, Director of Volunteers at [newlove@woodcountyhospital.org](mailto:newlove@woodcountyhospital.org).