

McLeod Health

The Choice for Medical Excellence

Application for Volunteer Position

Name _____ Phone: Home _____ Work/Cell _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Contact in an Emergency _____ Phone _____

Social Security No. _____ Birth date _____
Month Day

How did you learn about the McLeod volunteer program? _____

Do you know any McLeod volunteers? _____ If so, who? _____

Have you ever volunteered before? _____ What did you do and where did you volunteer? _____

What areas of volunteering interest you? _____

What days and hours are you available to volunteer? _____

List name, full address, and phone number of two personal references not related to you.

1. _____
Name Address

City State Zip Home Phone Work Phone

2. _____
Name Address

City State Zip Home Phone Work Phone

Education Background:

Last grade completed _____

Other courses completed (computer, GED, etc.) _____

Current Occupation _____

Hobbies, Interests, Skills _____

Have you ever been convicted of a felony? Yes _____ No _____
If yes, please give details _____

Have you received a physical examination in the past year? Yes _____ No _____

Please list the name of your family physician and phone number. _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

I UNDERSTAND THAT PRIOR TO SERVING AS A VOLUNTEER A SOUTH CAROLINA RECORDS CHECK WILL BE PERFORMED.

SIGNED _____ **DATE** _____