



ALIVE VOLUNTEER APPLICATION



DATE: _____

Last Name		First Name		M.I.	Home Phone
Mailing Address			SS#		EMAIL
City	ST	Zip	List any other name(s) used for work:		
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other:				Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth -- Month / Date / Year: ____ / ____ / ____			Email:		
In case of emergency, notify: Name: _____ Phone: _____ Relationship: _____			Able to work: (Circle ALL that apply) Mornings Afternoons Evenings Weekends		

WORK OR VOLUNTEER HISTORY

Beginning with your most recent position, give a record of employment and/or volunteer experiences in the past ten years or less:

(1) Current/most recent company <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	Dates of Employment or Volunteerism: From: _____ To: _____	Reason for Leaving
	Address	
Position:		
Immediate Supervisor		Job duties:
Telephone and Extension		
May we check references? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		

(2) Current/next recent: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	Dates of Employment or Volunteerism: From: _____ To: _____	Reason for Leaving
	Address	
Position:		
Immediate Supervisor		Job duties:
Telephone and Extension		
May we check references? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		

REFERENCES

NAME	TELEPHONE NUMBER	RELATIONSHIP

EXPERIENCE AND QUALIFICATIONS

Check which skills/qualities you have:

- Positive, energetic
- Answering Phones
- Great Customer Service
- Basic Computer skills

Note other skills or talents:

Have you ever been terminated from a position? Yes No

Have you ever committed, been convicted of, pled guilty to, or pled No Contest to a felony or a misdemeanor? Yes No
If yes, please explain:

Note: Conviction of a crime is not necessarily grounds for disqualification.

Have you ever been employed by or volunteered for Hayes Green Beach Memorial Hospital or ALIVE? Yes No

Have you ever been interviewed at Hayes Green Beach Memorial Hospital or ALIVE? Yes No

: _____
Name Address Phone

PERSONAL

What interests you about volunteering at ALIVE?

What makes you feel most ALIVE?

How would you like to make a difference as a volunteer at ALIVE?

STATEMENT

If accepted, I agree that I shall be bound by the rules, policies, regulations, terms and conditions of volunteerism of ALIVE. I understand that volunteering is contingent upon the satisfactory completion of verification of past employment/volunteerism and references, and a satisfactory criminal background check. I hereby consent to such verifications.

I state that the answers given here are true and complete to the best of my knowledge. I understand that any misrepresentation, omissions of facts or incomplete answers in my application document will disqualify me from further consideration for volunteering. I further understand that if accepted as a volunteer, any misrepresentations or admissions of facts in any application document will be cause for my dismissal at any time without prior notice. I understand that the volunteer position may be ended by HGB or me at any time for any reason.

Applicant Signature _____ Date _____

Hayes Green Beach Memorial Hospital accepts volunteers on the basis of qualifications and with the assurance of equal opportunity and treatment regardless of race, religion, color, sex, age, national origin, disability or veteran status.

Please return this application to a Creationaire at ALIVE or send to HGB; Dept 884: 321 E. Harris St.; Charlotte, MI 49913
Thank you!