

# Volunteer Services

## New Volunteer Application



**Providence**

Santa Rosa  
Memorial Hospital

1165 Montgomery Drive  
Santa Rosa, CA 95405  
707-525-5300 ext. 3379

### Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_\_

### In Case of Emergency, Please Notify

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Education, Volunteer, and Work Experience

Current School/Employer \_\_\_\_\_

Highest level of Education \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

Do you have any condition(s) which may limit your ability to perform certain functions of a volunteer?

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

### **AVAILABILITY**

Please check the boxes for the days and times you are most often available to volunteer.

	S	M	T	W	T	F	S
AM							
PM							
After 4							

Have you ever been convicted of a crime? Yes No

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_