

JACKSON COUNTY MEMORIAL HOSPITAL VOLUNTEER APPLICATION

RETURN TO: Melissa Hubert Volunteer Coordinator

e-mail: melissahubert@jcmh.com

Desk: 580 379-5516 Cell: 580 641-0406

Date _____		Name _____			Spouses Name _____		
Address _____		First _____	Middle _____	Last _____			
City _____		State _____		Zip _____	Phone _____	Cell _____	
Birthdate ____/____/____		Male _____	Female _____	Social Security Number _____		E-Mail _____	
Emergency Contact: _____			Phone _____	Cell _____	Relationship _____		

CURRENT EMPLOYMENT: (If Applicable)

Company _____

Address _____

Telephone _____

Position _____ Hours _____

May we call you at work if necessary? Yes _____ No _____

How did you become interested in our program? _____

PRIOR EXPERIENCE:

Volunteer: _____

Business, Professional or specialized Experience: _____

ASSIGNMENT INTERESTS:

1. Snack Bar _____
2. Gift Shop _____
3. Information Desk _____
4. OR/ICU Waiting Room _____

HOBBIES AND PERSONAL INTERESTS:

EDUCATION: (Circle Highest Completed)

High School	1	2	3	4
College	1	2	3	4
Graduate	1	2	3	4

College Major _____

COMMUNITY AFFILIATIONS (Church, Clubs, Organizations):

REFERENCES:

Name: _____ Phone _____

Name: _____ Phone _____

TIME AVAILABLE	M	T	W	TH	F	SA	SU
Morning							
Afternoon							
Evening							