

# JACKSON COUNTY MEMORIAL HOSPITAL VOLUNTEER APPLICATION

**RETURN TO: Melissa Hans, Volunteer Director**

e-mail: melissahans@jcmh.com

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

Spouses \_\_\_\_\_

Date \_\_\_\_\_ Name \_\_\_\_\_

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							