

Volunteer Services Department **Adult Volunteer Application**

Date ____ / ____ / ____
Mr. Mrs. Miss Ms. Last name _____ First name _____
Social Security # _____ Spouse Name _____
Address _____ City _____ State _____ Zip Code _____
Home Phone Number _____ Cell Phone Number _____
Date of Birth ____ / ____ / ____ Condition of Health _____

Education

High School

Name _____ Number of Years Completed _____

College or Other

Name _____

Professional Training _____

Can you?

Type Yes No

Use Computer Yes No

Answer Phones Yes No

Filing Yes No

Language or Special Skills _____

Volunteer Experiences _____

Special Work Interest _____

Time Available _____

References

Reference 1

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Reference 2

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Notify In Emergency

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Working as a volunteer at Mercy Philadelphia Hospital does not guarantee future employment.

Thank you for your interest in becoming a volunteer!

Signature _____

Office Use Only

Department _____ Hours _____

