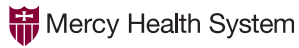


VOLUNTEER APPLICATION



PREFERRED VOLUNTEER SITE
(Check one)

Mercy Fitzgerald Hospital

Mercy Philadelphia Hospital

Mercy Suburban Hospital

Nazareth Hospital

* Indicates optional fields

GENERAL INFORMATION

Last Name	<input type="text"/>	First Name	<input type="text"/>
Address	<input type="text"/>	Address 2	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/> ▼
Date of birth	* <input type="text"/> <input type="text"/> <input type="text"/>	Zip	<input type="text"/>
Telephone (home)	<input type="text"/> <input type="text"/> <input type="text"/>	SSN	<input type="text"/> <input type="text"/> <input type="text"/>
e-mail address	<input type="text"/>	Telephone (cell)	* <input type="text"/> <input type="text"/> <input type="text"/>

Have you ever been convicted of a crime other than minor traffic violations? Yes No

If yes, state offense, date, and location. A conviction record will not necessarily prevent your employment. Such factors as the nature of the offense and rehabilitation will be taken into account.

SKILLS

Special skills or interest you would like to use as a volunteer

AVAILABILITY

I would be available from to No. of hours per week
Preference Monday through Friday Saturday Sunday

WORK EXPERIENCE 1

Company	<input type="text"/>	Address	<input type="text"/>
Supervisor/Contact	<input type="text"/>	From	<input type="text"/> to <input type="text"/> Tel. <input type="text"/> <input type="text"/> <input type="text"/>
Reason for leaving	<input type="text"/>	Volunteer	<input type="checkbox"/> Paid <input type="checkbox"/>
Description of primary responsibility	<input type="text"/>		

WORK EXPERIENCE 2

Company	<input type="text"/>	Address	<input type="text"/>
Supervisor/Contact	<input type="text"/>	From	<input type="text"/> to <input type="text"/> Tel. <input type="text"/> <input type="text"/> <input type="text"/>
Reason for leaving	<input type="text"/>	Volunteer	<input type="checkbox"/> Paid <input type="checkbox"/>
Description of primary responsibility	<input type="text"/>		

EDUCATION

High school College Name No. of years completed

REFERENCE 1

Name Address
City State Zip
Telephone

REFERENCE * 2

Name Address
City State Zip
Telephone

HEALTH CONDITION

Have you been hospitalized within the last six months? Yes No

Do you have any special needs or limitations? Yes No

Are you currently under the care of a physician? Yes No

If you have a condition and are taking special medication(s), it is important to advise us so that in the event of an emergency medical personnel can provide proper treatment. All information will remain confidential.

Primary Physician Telephone

In case of emergency, please notify:

Name Relation
Address City
State Zip
Telephone (home) Telephone (cell)

I authorize investigation of all statements contained in this application. I authorize my former employer and/or volunteer organization to release any and all information they may have which is relevant to my volunteer service. If accepted by Mercy Health System as a Volunteer, I agree to abide by all hospital and volunteer policies and procedures.

Accept Date