



Date \_\_\_\_\_

**Volunteer Application**

Name: \_\_\_\_\_

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

City \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Email address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Current Employer (if applicable): \_\_\_\_\_

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

Phone#: \_\_\_\_\_ Hours: \_\_\_\_\_

May we call you at work if necessary? Yes \_\_\_\_ No \_\_\_\_

Business Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**QUALIFICATIONS:**

Level of Education:

High School \_\_\_\_\_ College \_\_\_\_\_ Trade School \_\_\_\_\_ Graduate School \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Is volunteering a requirement for school credit? \_\_\_\_\_

If so, how many hours? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Prior Volunteer Experience:

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Is there any particular area you'd like to volunteer in? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where?

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Were you referred by Steven Spidell, BCC to apply to the Spiritual Care Team?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**Availability:**

Please list the hours you will be available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Do you have any health problems which might limit your ability to fulfill certain volunteer responsibilities? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If you answered yes, please explain:**

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**I hereby declare that my answers to the above questions are complete and true. I agree that any false statement shall be sufficient cause for dismissal. I hereby grant permission to Clear Lake Regional Medical Center to verify any information given by me. I understand that any information given to Clear Lake Regional Medical Center will remain confidential.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PERSONAL DATA:**

**How did you become interested in our program?**

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**Why do you want to volunteer at Clear Lake Regional Medical Center?**

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**Please list two local references (other than family members):**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**I hereby authorize Clear Lake Regional Medical Center to contact my personal references.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return to:**  
**Clear Lake Regional Medical Center**  
**Ashley Blackwell**  
**500 Medical Center Blvd.**  
**Webster, Texas 77598**

**Phone: 281-338-3185 (Human Resources)**  
**Phone: 281-338-3359 (Volunteer Desk)**