

VOLUNTEER APPLICATION

Name: _____ Gender: M F

Date of Birth: _____ Primary Phone Number: _____

Address: _____

Vocation

- Student – Name of School: _____ Level: _____
- Working Adult – Occupation: _____
- Retiree – Previous Occupation: _____
- Other: _____

Emergency Contact

Name: _____
Relationship: _____ Primary Phone Number: _____

Highest Level of Education

- High School/GED
- Some College
- College Graduate – Degree: _____
- Other: _____

Skills (Please list any skills you think would assist you in volunteering at MMH)

How much time would you like to dedicate to volunteering at MMH?:

- 4 hours/ week
- 6 hours/ week
- 8 hours/ week
- Other: _____

How long would you like to volunteer at MMH? (Minimum 6 months)

- 6 months
- 12 months
- 18 months
- Other: _____

What department at MMH interests you the most? (Greeter, Café, Activities, Special events, Other)

I agree to abide by the rules and regulations set by Munising Memorial Hospital. I understand that if I falsify any information or omit any materials facts, termination of volunteer assignment may result.

Signature of Applicant

Date