



Empowered by ScionHealth

APPLICATION FOR ADULT VOLUNTEER SERVICES

(Must be at least 18 years old)

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

If presently employed, Name of Company: \_\_\_\_\_

Prior Volunteer Experience: \_\_\_\_\_

Description of Service performed: \_\_\_\_\_

How did you become interested in our Volunteer Program: \_\_\_\_\_

Education: \_\_\_\_\_

Past Work Experience: \_\_\_\_\_

Indicate areas of interest: Patient Services or Clerical: \_\_\_\_\_

Skills: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Days Available \_\_\_\_\_ Hours: \_\_\_\_\_

Please give any other information that you feel is pertinent to your application: \_\_\_\_\_

Medical Information/Physical Limitations: \_\_\_\_\_

(Epilepsy, diabetes, allergies, heart conditions, etc. and/or taking special medication for any condition, it is important that you advise us so that in the event of an emergency resulting from your illness, medical personnel can provide proper treatment. This information will remain confidential, except where it affects your ability to receive medical attention.)

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

*I hereby certify that the information I have written on this application is true and correct. I understand that Andalusia Health is not obligated to provide a placement, nor am I obligated to accept the assignment offered. I authorize release of pertinent medical information stated **011** this application to Andalusia Health or a physician in case of an emergency.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

849 South Three Notch Street | Andalusia, AL 36420

P: 334.428.7015 F: 334.222.6917