

**SPRINGHILL MEMORIAL HOSPITAL
College Student/Adult Volunteer Application**

Download and complete this application. Call 460-5223 for an interview.

FOR OFFICE USE ONLY

Application Received _____ Interview Date _____ Handbook Reviewed _____ Start Date _____ HIPAA _____	Service Assignment _____ Day/Shift _____ Orientation Date _____ TB Test _____ Flu Shot _____
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NAME: _____
(Last Name) (First Name) (Middle Initial)

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

BIRTHDATE: _____ SOC. SEC. #: _____

E-MAIL _____

COLLEGE YOU ATTEND: _____ MAJOR _____

YEAR TO GRADUATE: _____

WORK STATUS: _____ (Employed) _____ (Unemployed)

NUMBER OF VOLUNTEER HOURS NEEDED: _____

GUIDANCE COUNSELOR OR CONTACT: _____

HOW DID YOU HEAR ABOUT OUR PROGRAM?

_____ Friend _____ Newspaper _____ Brochure _____ Bulletin Board

_____ Other (please specify) _____

VOLUNTEER AVAILABILITY: *(Circle days and times you are available)*

Mon AM	Tues AM	Wed AM	Thur AM	Fri AM	Sat AM	Sun AM
Mon PM	Tues PM	Wed PM	Thur PM	Fri PM	Sat PM	Sun PM

Expected duration of service: _____

Are you available to substitute on short notice? _____ Yes _____ No

Intern/Volunteer Application
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INFORMATION FOR SERVICE AREA PLACEMENT:

- Are you able to be on your feet for four hours? Yes No
- Do you have work experience operating any of this equipment?
 Cash Register Computer
- Can you speak a foreign language? Yes No
If Yes, what language(s)? _____
- Can you interpret for the hearing impaired? Yes No
- Have you ever worked or volunteered for a hospital? Yes No
If Yes, please give dates: _____
- Have you ever been convicted of a crime?
(Felony, misdemeanor including DUI) Yes No
- Have you ever volunteered on a committee? Yes No
- What interested you in working at SMH?

IN AN EMERGENCY, PLEASE NOTIFY:

Name: _____ Phone: _____
Name: _____ Phone: _____

REFERENCES:

Please list two (2) individuals unrelated to you as references

(1)	(2)
Name: _____	Name: _____
(Relationship) _____	(Relationship) _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
_____	_____