

Special Job Skills or Interests

Job, Volunteer or Community Service Experience:

List below your present and past work/volunteer experience beginning with your most recent.

Company, Organization:				Company, Organization:			
Started		Left		Started		Left	
Reason(s) for Leaving:				Reason(s) for Leaving:			
Position(s) Held:				Position(s) Held:			
Job Duties:				Job Duties:			

Physical and Medical Background: (This information is not required)

Do you have any physical/mental problem which may limit your ability to perform the work of a volunteer?			No	Yes
Physician Name:			Phone Number:	

Education:

Did you complete 8th Grade?		Yes	No
Indicate Number of years completed:	High School:	College:	Technical School:
			Graduate School:
Military Years of Service:		Branch of Service:	
Name of Last School Attended:			
Other Education Information:			

Certificate of Applicant:

The facts contained in this application for volunteer work are true and complete. I understand that if I become a volunteer, any false statements on this application will be cause for release from the program.

I authorize Lutheran Hospital to contact my current and/or former employers or work. I authorize such employers, the police department and other volunteer agencies to release my information to Lutheran Hospital regarding my qualifications, past work experience, work performance, employment status, character, behavior and any other information related to my work history and/or suitability for volunteering. I agree that all questions asked and information released in good faith shall be privileged, and I expressly release the Lutheran Hospital and any of its authorized representatives from any and all liability arising from questions asked, information released or statements made in good faith.

Agreement: I agree to adhere to the policies and procedures of Lutheran Hospital and Volunteer Central. I have no expectation of compensation and I am donating my time for personal reasons.

Signature: _____ Date: _____

If sending application electronically, type full name and date in this section to indicate agreement to above statement in the absence of a signature.		Date

Medical Release

I hereby authorize Lutheran Hospital Associates to provide emergency care to me in the event of illness, accident or injury while I am volunteering at the Hospital.

Signature: _____ Date: _____

If applicant is a minor:

Parent Signature: _____ Date: _____