

**WEST GEORGIA HEALTH SYSTEM  
VOLUNTEER APPLICATION**

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

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse's first name \_\_\_\_\_ In case of emergency, notify \_\_\_\_\_

Name of Physician \_\_\_\_\_

**CHECK EDUCATIONAL BACKGROUND:**

High School \_\_\_\_\_ College \_\_\_\_\_ Business School \_\_\_\_\_ Degree \_\_\_\_\_ Other \_\_\_\_\_

Have you ever been a volunteer? \_\_\_\_\_ If so, where? \_\_\_\_\_

Other professional or business experience? \_\_\_\_\_

What are your hobbies and talents? \_\_\_\_\_

What are your other responsibilities? (small children, job, other volunteer responsibilities)

Do you have a preference as to the area of volunteer service placement? \_\_\_\_\_

Our usual shifts are from 9:00 a.m. to 1:00 p.m., from 1:00 p.m. to 5:00 p.m., and from 5:00 p.m. to 8:00 p.m. The volunteer usually works one shift of four hours per week. What days and hours are you available for regular service?

References: (These should be a member of the WGHS Auxiliary, a Physician, clergy or other respected member of the community)

1. \_\_\_\_\_ Address \_\_\_\_\_

2. \_\_\_\_\_ Address \_\_\_\_\_

Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes \_\_\_\_ No \_\_\_\_  
If yes, please give all of the facts regarding your conviction. Note: A conviction will not automatically disqualify you from a placement.

West Georgia Health System is committed to maintaining a healthy environment and is a tobacco/smoke-free facility. Policy prohibits use of tobacco in any area of the Health System.

Your signature indicates your approval for us to check references and contact your physician regarding your physical and emotional health. WGHS is not obligated to provide a placement, nor are you obligated to accept the position offered. Opportunities for volunteers are provided without regard to race, color, religion, sex, citizenship, national origin, age, or disability.

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

\_\_\_\_\_  
Date