

**Volunteer Application**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Age (Circle One)

under 30

31-50

51+

Emergency Contact

Person: \_\_\_\_\_ Phone: \_\_\_\_\_

***Volunteer Experience:*** (List organization, dates of service, and basic duties)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Employment Experience:*** (List organization, dates of service, and basic duties)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Have you ever been convicted of a felony?***

\_\_\_\_\_  
\_\_\_\_\_

***Please do not use relatives***

	Name:	Phone:	Relationship:
<b><i>Personal</i></b>	_____	_____	_____
<b><i>References</i></b>	_____	_____	_____

***List your reasons for wanting to volunteer at Lapeer Regional Medical Center:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Which areas of volunteer service interest you?***

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_

***Days and times you are available to volunteer:***

\_\_\_\_\_

Thank you for your interest in volunteering at Lapeer Regional Medical Center