

Tanner Health System Volunteer Services Application

Tanner Health System is an equal opportunity facility and does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, veteran status or any other status protected under local, state, or federal laws.

Last Name	First Name	Middle Name	Social Security #
			Birth Date:
Address		City	State Zip Code
So we may contact you promptly, please list your phone number(s): Home: Cell: Work:			E-mail address
Volunteer opportunities vary. Please circle the most appropriate category/s. High School Student College Student Work part time Full time Job Fully Retired			
Driver's License #		Do you have any health related limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact in case of Emergency: Name: Phone #: Relationship:			
Have you ever been convicted of a crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify nature, date of conviction, jurisdiction and penalty.	
Have you ever been fired or asked to resign from a volunteer position? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name(s) of company and dates of volunteer	

Education (circle grade completed) High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

If you are currently a student, where are you enrolled, what year you are in and field of study:

Please list current or past membership in civic, professional or other organizations:

Any previous volunteer work at Tanner Health System? Yes No If yes, please provide dates of service _____

Availability

Can you make a commitment to volunteer at THS the same day and time every week for the next 6 months? Yes No

If no, what commitment can you make? _____

Please circle the days and write in the times for each day you are available to volunteer each week.

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you speak a foreign language? ___Yes ___No

Other language	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
Other language	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

Volunteer Experience: (Please list your volunteer experience with the most current first)

1.	Organization Name and address	Phone #	Supervisor Name
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Dates volunteered (indicate months and years) From: _____ To: _____			
Please describe volunteer duties:			
Reason for leaving:			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2..	Organization Name and address	Phone #	Supervisor Name
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Dates volunteered (indicate months and years) From: _____ To: _____			
Please describe volunteer duties:			
Reason for leaving:			
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

