



# Owensboro Health Twin Lakes Medical Center

## APPLICATION FOR VOLUNTEER POSITION

Name \_\_\_\_\_  
First Middle Maiden Last

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employment History \_\_\_\_\_

\_\_\_\_\_

Volunteer History \_\_\_\_\_

\_\_\_\_\_

Education or Special Training (list graduation dates) \_\_\_\_\_

\_\_\_\_\_

Hobbies, Skills, Special Interests \_\_\_\_\_

Area(s) of Interest as an OHTLMC volunteer \_\_\_\_\_

How did you decide to apply to volunteer at OHTLMC \_\_\_\_\_

Is volunteering a requirement for school credit? \_\_\_\_\_ Hours needed \_\_\_\_\_

Have you been convicted of a crime? \_\_\_\_\_ Please describe any convictions and give dates:

\_\_\_\_\_

Only as it may determine the best fit for your volunteer duties, do you have any physical handicaps or limitations?

\_\_\_\_\_

Only as it may determine the best fit for your volunteer duties, are you under a physician's care?

\_\_\_\_\_

Please list two personal references:

Name \_\_\_\_\_ Home Phone/Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone/Work Phone \_\_\_\_\_

Which days do you prefer to volunteer: M\_\_\_\_ Tu\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_ Sat\_\_\_\_ Sun\_\_\_\_

Hours you prefer to volunteer: 8a-12 noon\_\_\_\_ 12noon-4p\_\_\_\_ Other: \_\_\_\_\_

Anticipated length of service: 1-3 months\_\_\_\_ 6 months – 1 year\_\_\_\_ Undetermined\_\_\_\_

Until find employment\_\_\_\_ Until gain job experience\_\_\_\_

Other: \_\_\_\_\_

Additional Information you wish to share: \_\_\_\_\_

\_\_\_\_\_

Person who should be contacted in case of your illness or injury while on duty:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ # \_\_\_\_\_

**Please read carefully**

I certify that I have read and understand all statements on this application and that my answers and statements are true and complete. I realize that falsification or omission of any information on the application, the receipt of a poor reference, or a felony conviction record may be cause for rejection or dismissal.

I authorize Owensboro Health Twin Lakes Medical Center to perform a criminal background check, which is public record. I release all liability to all persons and corporations requesting and supplying such information.

Submission of an online application indicates my agreement.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this application and for your interest in volunteering with us. All information is considered confidential.