



Volunteer Services  
 2305 S. 65 Highway  
 Marshall, MO 65340  
 Phone 660-886-7431 Ext. 667  
 Fax 660-831-3318

# VOLUNTEER INTEREST APPLICATION

Please print, complete and return the volunteer interest form to the Fitzgibbon Hospital Human Resources Department.

*Leading the Way in Volunteerism*

## INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

### PERSONAL DATA

Last Name	First Name	Middle Initial	TODAY'S DATE:
Street Address			Social Security Number
City/State/Zip			Home Phone ( )
Email Address			Cell Phone ( )
Are you at least 18 years of age? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
Employer or School:			
Academic Advisor:			

### Circle time(s) available to volunteer

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

How many hours/week do you wish to volunteer?
Do you have access to transportation? <input type="checkbox"/> Yes or <input type="checkbox"/> No
Do you have physical limitations that you wish considered in your volunteer placement? <input type="checkbox"/> Yes or <input type="checkbox"/> No If "yes" please describe:
Hobbies, interest, skills:

Special training/certifications:	
Specialized or Military Training:	
Why do you want to volunteer for Fitzgibbon Hospital?	
Emergency Contact Name:	Phone Number:

List two personal references who are not relatives or employers:

Name:	Phone Number:
Name:	Phone Number:
Do you have any criminal convictions? <input type="checkbox"/> Yes or <input type="checkbox"/> No If "yes", explain where, when and disposition:	

## VOLUNTEER'S AGREEMENT/DISCLOSURE

In connection with your application for volunteering, please be advised that we are required by Missouri law to conduct a criminal background check. This will be accomplished by requesting information from the Missouri State Highway Patrol with respect to information in Missouri and, if necessary, from a consumer reporting agency with respect to information outside Missouri.

I acknowledge receipt of this disclosure and authorize that a criminal background check pursuant to Missouri law be conducted.

I understand that I am not an employee of Fitzgibbon Memorial Hospital and that any duties I perform are as a volunteer. I agree to abide by the procedures set forth by Fitzgibbon Hospital for my assigned volunteer duties. I also understand that it is my responsibility to update my address, emergency, or other changes to the information on this form.

I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for volunteering and may result in discharge even if discovered at a later date.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application to provide this facility and all affiliates with any relevant information regarding any volunteer decision, and I release all such persons from any liability regarding the provision or use of such information.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Under 18 Sign Parent/Guardian \_\_\_\_\_