



Application for Volunteering

I am a Auxiliary Member College Student Community Member

Student (12 – 17 years old / Jr. Volunteer)

Name: _____

Address: _____

Social Security Number: _____

Home Phone Number: _____ Work Phone: _____

Cell Phone Number: _____ E-mail Address: _____

Area you are interested in volunteering:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Respiratory Therapy / PT/OT | <input type="checkbox"/> Gift Shop |
| <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> Community Benefit Health Fairs | |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Welcome Desk in Front Lobby | |

What hours are you available: _____

What days of the weeks are you available: _____

Are you available on weekends: _____

Do you have reliable transportation: _____

FOR JR. VOLUNTEERS AND COLLEGE STUDENTS:

Do you have community service requirements for school? _____

If so, what are they: _____

What school are you enrolled in: _____

Who is your guidance counselor or advisor: _____

What is their phone number: _____

When are you available to begin volunteering: _____

Past volunteer experience:

Where: _____

When: _____

Volunteer Duties: _____

References:

Name: _____

Name: _____

Address: _____

Address: _____

City/St/Zip: _____

City/St/Zip: _____

Phone: _____

Phone: _____

Why are you interested in volunteering at the Fulton County Medical Center; _____

Applicant Signature: _____ **Date:** _____

If under 18 you must have a parent or guardian sign this form.

For Office Use Only

Date Received: _____ **Received by:** _____

Forwarded to: _____ **(if applicable) Date:** _____

Date Reviewed: _____ **Reviewed by:** _____

Accepted: _____ **Denied:** _____ **Checklist Complete:** _____ **Orientation Date:** _____

Department Assigned to: _____