



Any special notes or comments regarding your availability? \_\_\_\_\_

**GENERAL QUESTIONS**

Are you at least 16 years old?  Yes  No

Have you ever volunteered at or been employed by Twin Creeks Hospital?  Yes  No

If yes, what dates? \_\_\_\_\_

Do you have relatives currently employed with Twin Creeks Hospital?  Yes  No

Are you currently employed?  Yes  No

Have you been convicted of a felony?  Yes  No

If yes, please explain:

If applicable, please list special accommodations you may require in order to perform general volunteer service (if unsure, please request list of general volunteer duties): \_\_\_\_\_

Military service?  Yes  No

**EXPERIENCE**

Please describe specialized training skills, professional affiliations and other information that may assist us in identifying fulfilling volunteer assignments for you within our hospital: \_\_\_\_\_

Foreign Language Skills			
Language(s)	Proficiency Level		
	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

The information given by me is certified to be true and complete, and may be verified by Twin Creeks Hospital or its designated representative. If I misrepresent information, or provide incomplete or false information, I understand and agree that I may be refused volunteer service.

I understand that Twin Creeks Hospital kindly requests a minimum commitment of one year of volunteer service from me. I also understand that despite any volunteer commitment I agree to, volunteer work with the hospital is at will, and a volunteer service arrangement between Twin Creeks Hospital and myself may be ended by myself or by the hospital at any time, with or without cause or notice.

Twin Creeks Hospital has my authorization to do a thorough reference check. I will hold no person liable for giving or receiving information in this investigation.

I have read and agree to the above.

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date