

Today's Date _____ Birth Date _____

Name _____

Address _____

Home Phone _____ Other Phone _____

Email Address _____

Education _____

If student, Name of School & Level _____

Occupation, Hobbies, Skills _____

Group, Club or Community Affiliations _____

Have you ever been convicted of a crime? Yes No If Yes, please explain:

Availability: Morning Afternoon Evening

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Type of Work Preferred: Patient Care Clerical Food Service Recreation

Patient Play Other : _____

Write a short paragraph about yourself. Include your main interests and why you want to volunteer at Shriners Hospital.

Other Volunteer Experience _____

In Case of Emergency, Contact _____

Name and Phone Number

List two references (other than relatives) we can contact to provide a recommendation for you.

Name : _____

Name : _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Applicant Signature _____

Parent Signature (If under 18) _____

