



# Volunteer Service Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Mr./Mrs./Ms./Miss

Address: \_\_\_\_\_  
Number Street City Zip

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Month/Day

Cell Phone: \_\_\_\_\_

How did you learn about volunteering at Shannon? \_\_\_\_\_

Who, if anyone, recommended you to become a volunteer? \_\_\_\_\_

Are you related to an employee of the hospital? Yes No

If yes, give name(s) and position(s): \_\_\_\_\_

Are you currently employed? Yes No If yes, where? \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Are you retired? Yes No If yes, from what position/profession? \_\_\_\_\_

Have you had any previous volunteer experience? Yes No If yes, where? \_\_\_\_\_

What were your duties as a volunteer? \_\_\_\_\_

How long have you lived in San Angelo? \_\_\_\_\_

Why do you wish to become a volunteer? \_\_\_\_\_

What do you feel you can offer as a volunteer? (Example: any special training, education, or talents you have which would be beneficial in your position as a volunteer) \_\_\_\_\_

Which of the skills listed below are applicable to you? Please circle the skills apply to you:

Bilingual Office/Clerical Computer Piano Artistic Accounting Bookkeeping Merchandising

Do you require any accommodations to perform your volunteer duties? Yes No

If yes, please explain: \_\_\_\_\_

Who should we contact in case of an emergency? Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please turn over and complete



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References: Please list references who have known you at least one year (other than relatives).

Name	Complete Address	Phone	Occupation
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When are you available to volunteer?

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Upon signing this application, I understand and agree:

- I am applying for a volunteer position,
- The information given on this application is complete and correct to the best of my knowledge,
- My references and my present or previous employer may be contacted,
- Placement in volunteer service will be based on the review and approval of my application,
- The first two months of volunteering are considered a “training period” and my continued volunteer service will depend on the successful completion of my training within the time required,
- As an active status volunteer, I will be required to work a minimum of two four-hour shifts per month,
- To abide by the Rules, Policies and Procedures of Shannon Medical Center, Shannon Clinic and the Shannon Volunteers,
- To a criminal background and criminal history check,
- To submit to an alcohol and drug screen,
- To submit a tobacco/nicotine screening.

*It is the policy of Shannon Medical Center and Shannon Clinic to prohibit the use of tobacco and tobacco products in all company buildings, in order to maintain a safe and healthy environment for all employees, volunteers, visitors and patients. Effective January 1, 2012, Shannon adopted a tobacco/nicotine-free hiring policy in order to promote a healthier workplace. After this date, all new volunteers will be tested for nicotine use as part of their screening process. Those who test positive for nicotine use will not be considered for volunteer positions.*

Signature of applicant

Date

**Thank you for your interest in becoming a Shannon Volunteer!**

**Questions? Shannon Volunteer Office | 120 E. Harris | 325-657-5285**