

SLVH Volunteer Application



NAME: _____
Last First M.I. Social Security #

ADDRESS: _____
Home City and Zip Codes

E-MAIL _____

Date of Birth: ____/____/____

Home Phone: _____ **Work Pone** _____ **Cell #** _____

Family Information (optional)

Spouse/Partner Name

Children/Age(s) _____

Education:

High School _____ **College** _____
Major _____
Degree _____
Other _____

To be notified in case of Emergency _____

SLVRMC was recommended by: _____

Areas of Interest: _____

Hours & days preferred: _____

Reasons for wanting to perform volunteer service here: _____

106 Blanca Avenue
Alamosa, CO 81101
Phone: 719-589-2511
Fax: 719-587-1372

SLVH Volunteer Application
continued

I'd particularly like to use/develop the following skills:

PERSONAL REFERENCES:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

EMPLOYMENT EXPERIENCE:

Dates

Employer & Types of Positions

VOLUNTEER EXPERIENCE:

Dates

Place & Type of Position

SERVICE CLUBS ATHLETICS _____

LIMITATIONS: Please describe any limitations that might prevent you from doing a special type of work: _____

I certify that the facts set forth above are true and correct without consequential omission. I understand that false statements, answers or omissions may be cause for dismissal. I understand a background check and drug screening will be performed by SLVH.

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Signature

Date

Your trusted partner in health

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