

**VOLUNTEER APPLICATION**  
**An Equal Opportunity Employer**

If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone(s)** Home ( ) \_\_\_\_\_ **Work:** ( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_

**Are you 16 years of age or older?** Yes  No  **Are you 18 years of age or older?** Yes  No

**Volunteer Position Applied For:** \_\_\_\_\_ **Department:** \_\_\_\_\_

Are you currently employed by Pershing General Hospital in any capacity? Yes  No

If Yes, what department? \_\_\_\_\_ Job title \_\_\_\_\_

Have you been given a description or had the requirements of the volunteer work explained to you? Yes  No

Do you understand the requirements? Yes  No

Can you perform the essential functions with or without accommodation? Yes  No

List any other names, if any, you have used. \_\_\_\_\_

**EDUCATION RECORD**

Did you graduate from high school or receive a GED certificate? Yes  No

School Name	Location	Hours Earned	Diploma, Degree or Certificate	Major Field of Study
Business/Technical/Vocational				
1.				
2.				
College/University (Undergraduate)				
1.				
2.				
Graduate School				

Describe the volunteer work you are interested in doing.  
 \_\_\_\_\_

<b>Days Available (Circle)</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>	<b>S</b>
<b>Hours Available</b>							

**LICENSES** (Optional, unless required for the volunteer work for which you are now applying.)

List driver's license and other current licenses, certifications, or registrations required for the volunteer work for which you are applying. Indicate types, state license numbers, and expiration dates. \_\_\_\_\_

List any special skills you possess and/or equipment or office machines you can operate.

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**OTHER INFORMATION**

If you are not a current employee of Pershing General Hospital, have you previously worked for Pershing General Hospital?

Yes  No  When? \_\_\_\_\_

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony or any lesser crime, other than a minor traffic infraction? Yes  No  A conviction or guilty plea will not necessarily disqualify you from volunteer work with Pershing General Hospital. If yes, list all such offenses and provide date, name of court, and disposition. You may omit minor violations for which you paid a fine of \$50 or less.

Have you ever been disciplined in your employment related to workplace violence? Yes  No  If yes, please explain: \_\_\_\_\_

Do you presently use illegal drugs? Yes  No

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**HISTORY OF VOLUNTEER ACTIVITIES AND PAID EMPLOYMENT**

Provide information regarding paid and volunteer work (include military employment if duties/assignments relate to the job you are applying for). Describe your most recent experience first; then list other relevant positions in chronological order, working down from the most recent. Use additional sheets if necessary.

May we contact all employers listed? Yes  No  (Attach a list of any exceptions with an explanation.)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Hours per week \_\_\_\_\_  Paid or  Volunteer

Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Paid or Volunteer Assignments:

**HISTORY OF VOLUNTEER ACTIVITIES AND PAID EMPLOYMENT (continued)**

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Hours per week \_\_\_\_\_  Paid or  Volunteer  
Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Paid or Volunteer Assignments:

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Hours per week \_\_\_\_\_  Paid or  Volunteer  
Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Paid or Volunteer Assignments:

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Hours per week \_\_\_\_\_  Paid or  Volunteer  
Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Paid or Volunteer Assignments:

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Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ From (Mo./Yr.) \_\_\_\_\_ To (Mo./Yr.) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Hours per week \_\_\_\_\_  Paid or  Volunteer  
Supervisor's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Paid or Volunteer Assignments:

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Please state below any other information that would be helpful in determining your qualifications for the volunteer activities. You may include significant accomplishments, previous career highlights, or any other information that is not included in this volunteer application.

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### ACKNOWLEDGMENTS

Please **READ ALL** of the following statements and **INITIAL EACH** of the boxes to indicate you have read and understand each of the statements. If you have questions, contact \_\_\_\_\_.

- This is not an application for a paid position. Application for paid positions must be made on a separate application form.
- I authorize Pershing General Hospital to contact any employer or individual to obtain from them any relevant information regarding my previous employment, volunteer services, education, certificates, licenses, military service, criminal history, characteristics or traits, or other qualifications for volunteering with Pershing General Hospital. In addition, I authorize Pershing General Hospital to conduct a background search which includes criminal history, military history, and if the position for which I am applying requires driving a vehicle, I authorize Pershing General Hospital to conduct a Department of Motor Vehicles (DMV) search. I further authorize Pershing General Hospital to contact any institution and/or licensing authority to verify my possession of education, licenses, and/or certificates which may qualify me for volunteer employment.
- In exchange for Pershing General Hospital's consideration of my volunteer application, I authorize anyone possessing this information to furnish it to Pershing General Hospital upon request, and I release the individual company or institution and all individuals providing the information or acquiring the information, including Pershing General Hospital, from all claims, liability, and damages whatsoever in furnishing, obtaining, or using said information including, but not limited to, claims for defamation, libel, slander, infliction of emotional distress, and interference with current or prospective economic relations.
- I declare that I am offering to volunteer to provide services for civic, charitable, or humanitarian reasons and am doing so freely and without coercion, direct or implied, from Pershing General Hospital. I recognize that I will not receive nor do I expect compensation for the services I am offering, other than possible nominal fees, paid expenses, or reasonable benefits which may be provided to me at the sole discretion of Pershing General Hospital for performing the offered services. It is not my purpose nor my expectation that my services are in preparation for employment with Pershing General Hospital.

The facts set forth in my volunteer application are true and complete. I understand that if asked to volunteer, any false statement on this application may result in my dismissal.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_