

## APPLICATION FOR ADULT VOLUNTEER SERVICES

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

(Last)

(First)

(M)

**Home address:** \_\_\_\_\_

\_\_\_\_\_

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

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_ (optional)

**Day and Month of Birthday** \_\_\_\_\_

**Number and Name to call in case of emergency:** \_\_\_\_\_

\_\_\_\_\_

**Personal Physician:** \_\_\_\_\_

**Hobbies, skills and languages:** \_\_\_\_\_

\_\_\_\_\_

**Volunteer/employment experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How were you referred to volunteer at Mercy Medical Center:** \_\_\_\_\_

\_\_\_\_\_

**Are you a former Mercy employee?** \_\_\_\_\_

**Days and hours preferred:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**RETURN APPLICATION TO:**  
**Mercy Medical Center**  
**Shirley Knight, Manager of Volunteers**  
**P.O. Box 496009**  
**Redding, Ca 96049-6009**  
**Telephone: 225-6288      Email: sknight@chw.edu**

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**For Internal Use only:**

**Date of interview** \_\_\_\_\_

**By:** \_\_\_\_\_

**How long in Redding area** \_\_\_\_\_

**Position Desired** \_\_\_\_\_

**Shift/Hours** \_\_\_\_\_

**Days available** \_\_\_\_\_

**TB test** \_\_\_\_\_

**Background check** \_\_\_\_\_

**Handouts** \_\_\_\_\_

**Comments:**

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