

# McLeod Health

*The Choice for Medical Excellence.*

## Application for Volunteer Position

Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Contact in an Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Social Security No. \_\_\_\_\_ Birth date \_\_\_\_\_  
Month Day

How did you learn about the McLeod volunteer program? \_\_\_\_\_  
\_\_\_\_\_

Do you know any McLeod volunteers? \_\_\_\_\_ If so, who? \_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered before? \_\_\_\_\_ What did you do and where did you volunteer? \_  
\_\_\_\_\_

What areas of volunteering interest you? \_\_\_\_\_  
\_\_\_\_\_

What days and hours are you available to volunteer? \_\_\_\_\_  
\_\_\_\_\_

List name, full address, and phone number of two personal references not related to you.

1. \_\_\_\_\_  
Name Address

City State Zip Home Phone Work Phone

2. \_\_\_\_\_  
Name Address

City State Zip Home Phone Work Phone

**Education Background:**

Last grade completed \_\_\_\_\_  
\_\_\_\_\_

Other courses completed (computer, GED, etc.) \_\_\_\_\_  
\_\_\_\_\_

**Current Occupation** \_\_\_\_\_

**Hobbies, Interests, Skills** \_\_\_\_\_

**Have you ever been convicted of a felony?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

**Have you received a physical examination in the past year?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Please have your family doctor forward a statement that you are physically able to volunteer. It can be faxed to our office at 843-777-6349.**

**Please list the name of your family physician and phone number.** \_\_\_\_\_  
\_\_\_\_\_

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**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.**

**I UNDERSTAND THAT PRIOR TO SERVING AS A VOLUNTEER A SOUTH CAROLINA RECORDS CHECK WILL BE PERFORMED.**

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_