



Volunteer Application

Office Use:
Interview: _____
Orientation: _____
TB: _____
Start Date: _____ Dept.: _____

Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Social Security Number: _____ Birthday (month & day) _____

Health Status: Excellent Good Fair/Physical Limitations? Yes No

If yes, explain: _____

Education: _____

Work Experience: _____

Have you ever been convicted of a crime, other than a traffic violation?
 Yes No If yes, explain: _____

In case of emergency contact (Name & Number): _____

Days Available to Work: _____

Hours Available to Work: _____

Areas of Special Interest, Training, Experience: _____

Have you ever volunteered at HMC before? Yes No

If yes, what department? _____

Statement of Understanding:

I hereby certify that all answers given by me on this application are true to the best of my knowledge. I authorize Habersham Medical Center to conduct a background check and driving record if necessary, and I release HMC and anyone releasing information to HMC from any liability upon such release.

Signature: _____ Date: _____

Please mail to HMC Volunteer Services, P.O. Box 37, Demorest, GA 30535 or fax to 706-839-4035. For more information, call (706) 754-3113, ext. 1502.