



Volunteer _____
Student Intern _____
Non-employee _____

Dickinson Medical Center

Placement Date _____ Department _____

VOLUNTEER SERVICES APPLICATION

Name _____ Phone _____

Address _____ Birth date _____

City/State/Zip Code _____

Email _____

In case of emergency, call _____ Phone _____

Best way to contact me is:

___ Phone ___ Email ___ Text Message ___ Postal Service

Did someone refer you to the Volunteer Services Department? _____ If yes, whom?

Name _____ Phone _____

Why do you want to volunteer at the hospital? _____

Do you have a particular type of volunteer work you would prefer? _____

Approximately how many hours a week are you available to do volunteer work? _____

Check the days you are available: M ___ Tu ___ W ___ Th ___ F ___ Sa ___ Su ___

Check the times you are available: Morning ___ Afternoon ___ Evening ___ I'm flexible ___

Date _____