



You can make a difference, volunteer!

Name
Street Address
City State Zip
Telephone
Social Security Number\* Date of Birth\*
Marital Status (Circle One) Married Divorced Widowed Single
Spouse's Name

REFERENCE 1:

Name
Street Address
City State Zip
Telephone

REFERENCE 2:

Name
Street Address
City State Zip
Telephone

IN CASE OF EMERGENCY, NOTIFY:

Name Relationship
Telephone
Health Over the Past Year (Circle One) Excellent Good Fair Poor
Are you a U.S. citizen? Yes No
Have you ever been convicted of a felony? Yes No
List any professional licensures, registries or certifications

List any equipment or tools in which you have training that may help in placing you in an area of interest to you

Relevant work experience

Have you worked or volunteered at MRHC before?

When Department

List community and volunteer experience

Hobbies

Available volunteer time Day(s) of the week

(Circle all that apply) Morning Afternoon Evening

Why do you want to become a volunteer at MRHC?

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for volunteering and may be considered justification for dismissal if discovered at a later date. I authorize persons, current or previous employers and organizations named in this application to provide the McAlester Regional Health Center with any relevant information that may be required to arrive at any decision. I hereby release said persons, schools, and companies from any liability regarding the provision or uses of such information. Pursuant to the requirements of the Fair Credit Reporting Act, I understand that notice is given that a consumer report may be made in connection with my application for employment.

Applicant Signature

Date

\*For consumer report purposes only