

I hereby confirm that the information provided on this application is true and complete to the best of my knowledge and agree that falsified 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 MRHC with any relevant information that may be requested 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 consumer report may be made in connection with my application for employment.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*For consumer report purposes only



# Volunteer Services



## Making Time for Others

- Summer Junior Volunteers for ages 14-17
- Patient Floor and Nursing Support Volunteers
- Gift Shop Staff
- Information Desk Volunteers
- Work Room Volunteers
- Van Buren House Volunteers
- Wellness Center Volunteers
- Meals on Wheels
- And many more

## Make a Difference!



# Volunteer Services





As soon as you join the MRHC Volunteers, you'll be able to start making a difference. During an initial interview, we'll determine what area best suits your skills and interest. We'll help you set a flexible schedule that lets you volunteer when it's most convenient for you.

Once you're at your new post, you'll get the training and support you need to help you be comfortable and effective. Experienced volunteers will guide you as you learn and help you branch out when you're ready to take on more.

As a MRHC Volunteer, you'll become part of a team that works together to make a difference in the life of patients at MRHC.



**Please drop off or mail completed application to:**

McAlester Regional Health Center  
 Volunteer Department  
 1 Clark Bass Blvd.  
 McAlester, OK 74501

*For questions, call (918)421-8636*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Date of Birth\*: \_\_\_\_\_  
 \_\_\_ Married \_\_\_ Single

**Reference 1**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

**Reference 2**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

**In Case of Emergency, Notify**

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_

**Health over the Past Year (circle)**

Excellent Good Fair Poor

Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a felony? \_\_\_  
 Yes \_\_\_ No

\*For consumer report purposes only

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 ever worked or volunteered at MRHC or any other hospital?

\_\_\_ Yes \_\_\_ No

When: \_\_\_\_\_ Department: \_\_\_\_\_

Where: \_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Available Days of the week & times(Circle)

Sun Mon Tues Wed Thurs Fri Sat

\_\_\_\_ \_

Why do you want to volunteer?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_