

Special Job Skills or Interests:

Job, Volunteer or Community Service Experience:

List below present and past work or volunteer experience beginning with your most recent.

Company, organization _____ Started _____ Left _____ Reason(s) for leaving _____ _____ Position(s) held _____ _____ Describe work you did _____	Company, organization _____ Started _____ Left _____ Reason(s) for leaving _____ _____ Position(s) held _____ _____ Describe work you did _____
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Physical and Medical Background: (This information is not required)

Do you have any physical/mental problem which may limit your ability to perform the work of a volunteer? _____ Yes ___

Physician Name _____ Telephone _____

Education: Circle those you completed: 8th Grade High School 1, 2, 3, 4 College 1, 2, 3, 4,

Graduate School Technical School Military Other _____

What is the last school you attended?

Certificate of Applicant:

The facts contained in this application for volunteer work are true and complete. I understand that if I become a volunteer, any false statements on this application will be cause for release from the program.

I authorize Lutheran Hospital to contact my current and /or former employers or work. I authorize such employers, the police department and other volunteer agencies to release information to Lutheran Hospital regarding my qualifications, past work experience, work performance, employment status, character, behavior and any other information related to my work history and/or suitability for volunteering. I agree that all questions asked and information released in good faith shall be privileged, and I expressly release the Lutheran Hospital and any of its authorized representatives from any and all liability arising from questions asked, information released or statements made in good faith.

Agreement: I agree to adhere to the policies and procedures of Lutheran Hospital and Volunteer Central. I have no expectation of compensation and I am donating my time for personal reasons.

Signature _____ Date _____

MEDICAL RELEASE

I hereby authorize Lutheran Hospital associates to provide emergency care to me in the event of illness, accident or injury while I am volunteering at the hospital. Signature _____ Date _____