

Please read the following before completing this application.

- 1. Please print clearly.
- 2. Read and complete the information on this application. Don't forget to sign it.
- 3. Volunteer opportunities will be discussed during the personal interview.

Prospective volunteers will be considered on the basis of qualifications to perform the volunteer services for which they are applying for or as assigned by the Director of Volunteer Services, without discrimination because of race, color, religion, sex, age, national origin, ancestry or disability.

NAME	SS#		
ADDRESS			
Street	City	State	Zip
PHONE #			
Home	Business	Fax	
Are you at least 18 years of age? _	YesNo		
Have you ever been convicted of a	a felony crime?Yes _	No	
If yes, explain and give dates:			
List previous volunteer experience	2:		
List work experience:			
Are you presently employed:	YesNo If	so, where?	

PERSONAL REFERENCE:

1.			
	Name	Phone	
IN CAS	E OF EMERGENCY WHO CAN WI	E CALL?	
1.			
	Name		Phone Number
2.			
	Name		Phone Number

I certify that the facts in this application are true and correct to the best of my knowledge and I understand that any misrepresentation of facts shall be used for rejection of this application.

I understand, in accordance with hospital policy, that if I voluntarily or intentionally release or disclose any confidential patient information or any other documents confidential by law, I will be terminated from my volunteer post and possible civil and/or criminal penalties may be filed against me.

I agree to uphold the By-Laws of the Auxiliary of Palo Pinto General Hospital and to abide by their guidelines.

DATE:______ SIGNATURE______

RETURN TO:

Megan Hudson **Director of Marketing & Foundation,** Palo Pinto General Hospital 400 S.W. 25th Avenue Mineral Wells, TX 76067