

Volunteer Services Department
One Hospital Drive, Clarion, PA 16214
(814) 226-1670

Volunteer Enrollment Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____

Birthdate: ___/___/___ Social Security #: _____

Emergency Contact: _____ Phone: _____

Email Address: _____ Country of Birth: _____

City and State of Birth: _____ Country of Citizenship: _____

Height: _____ Weight: _____ Gender: ___F___M Race: _____ Hispanic: Yes/No

Hair color: _____ Eye Color: _____

I. **Skills & Interests**

Educational Background (If still in school, please specify which school and year.)

Current Occupation (If retired, please note your most recent occupation.)

Hobbies, Interest, Skills: _____

Volunteer Experience: _____

Why do you want to volunteer at Clarion Hospital? _____

Are you volunteering to fulfill school requirements? Yes No

If yes, how many hours of service are you required to complete? _____

Is there a deadline by when you must complete your volunteer service? _____

II. Availability

For how long would you like to volunteer?

Indefinitely During the summer

Until school requirements are met Until you find a paying job

If there is any time of the year when you cannot volunteer, please specify which months.

(Example, you go to Florida from January through March.) _____

Keeping in mind that most volunteer positions require a commitment of only one or two half days per week, what times are most convenient for you?

weekday mornings weekday afternoons weekday evenings

weekends flexible

Date you are available to start: _____

III. References

How did you hear about us?

Retired Senior Volunteer Program (RSVP) Hospital volunteer

Hospital employee Advertisement

Please list the names and phone numbers of two references other than relatives:

Name: _____ Phone: _____

Name: _____ Phone: _____