

APPLICATION FOR VOLUNTEER SERVICE

GOOD SAMARITAN HOSPITAL
2425 Samaritan Drive, San Jose, CA 95124 Tel: (408) 559-2345

Auxiliary Department Spiritual Care High School

NAME _____ Male Female
first m.i. last

ADDRESS _____
street (apt.#) city state zip code

PHONE (day) _____ (cell) _____

E-mail _____

ARE YOU PRESENTLY EMPLOYED? full time _____ part time _____ retired _____ no _____

If yes, list current employer: _____

Position/Job title: _____

Previous work Experience (list past 7 years) _____

EDUCATION (Circle year completed) High school 1 2 3 4 College 1 2 3 4 Post Grad _____

VOLUNTEER EXPERIENCE _____

HOBBYS/OUTSIDE INTERESTS _____

ARE YOU CURRENTLY IN COLLEGE? full time _____ part time _____ no _____

College attending: _____ Major: _____

Is volunteer work a requirement for college credit? yes _____ no _____ If yes, how many hours? _____

ARE THERE any physical/medical conditions which may limit your ability to perform your volunteer duties?

yes _____ no _____ If yes, please explain: _____

HAVE YOU ever been convicted of a felony? yes _____ no _____ If yes, please state details, giving the date and nature of the conviction: _____

IN AN EMERGENCY NOTIFY _____ Telephone _____

I hereby certify that I have read and understood all statements and questions on this application and that my responses are true and complete to the best of my knowledge.

Signature: _____ Date: _____