

Clear Lake Regional

MEDICAL CENTER

500 Medical Center Blvd.
Webster, Texas 77598
(281) 338-3359

Date _____

Volunteer Application

Name: _____

Address: _____

City _____ Zip code _____

Home Phone: _____ Birth date: _____ Age: _____

Cell phone #: _____ Email address _____

Emergency Contact: _____ Phone #: _____

EMPLOYMENT INFORMATION:

Current Employer (if applicable): _____

Address: _____ Position: _____

Phone#: _____ Hours: _____

May we call you at work if necessary? Yes ____ No ____

Business Experience: _____

_____.

QUALIFICATIONS:

Level of Education: High School ____ College ____ Trade School ____
Graduate School ____

Name of Current School: _____

Is volunteering a requirement for school credit? _____ If so, how many hours? ____

Have you ever been convicted of a felony? Yes ____ No ____

If yes, please explain: _____

Prior Volunteer Experience: _____

_____.

Is there any particular area you'd like to volunteer in? _____

If yes, where? _____

Availability:

Please list the hours you will be available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Aftern.							
Evening							

Do you have any health problems which might limit your ability to fulfill certain volunteer responsibilities? Yes ____ No ____

If you answered yes, please explain:

I hereby declare that my answers to the above questions are complete and true. I agree that any false statement shall be sufficient cause for dismissal. I hereby grant permission to Clear Lake Regional Medical Center to verify any information given by me. I understand that any information given to Clear Lake Regional Medical Center will remain confidential.

Signature _____ **Date** _____

PERSONAL DATA:

How did you become interested in our program?

_____.

Why do you want to volunteer at Clear Lake Regional Medical Center?

Please list two local references (other than family members):

Name _____ **Phone** _____

Address _____ **City** _____ **Zip** _____

Name _____ **Phone** _____

Address _____ **City** _____ **Zip** _____

I hereby authorize Clear Lake Regional Medical Center to contact my personal references.

Signature _____ **Date** _____

**Please return to:
Clear Lake Regional Medical Center
Teresa Ehrman
500 Medical Center Blvd.
Webster, Texas 77598**